



# Women's Resource Center Volunteer Application

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Other names you have used: \_\_\_\_\_

## Education

	Name	Years attended	Expected/graduated year
High school			
College			
Other			

## References

Name(s): _____ Phone: _____ Relationship: _____
Name(s): _____ Phone: _____ Relationship: _____
Name(s): _____ Phone: _____ Relationship: _____

**Relevant volunteer & employment history-** list most recent first

Company: _____ Position: _____ Supervisor: _____ Phone: _____ Dates of employment/volunteerism: _____ to _____ Reason(s) for leaving: _____ _____
Company: _____ Position: _____ Supervisor: _____ Phone: _____ Dates of employment/volunteerism: _____ to _____ Reason(s) for leaving: _____ _____
Company: _____ Position: _____ Supervisor: _____ Phone: _____ Dates of employment/volunteerism: _____ to _____ Reason(s) for leaving: _____ _____

**Reasons for volunteering:**

- 1. What relevant factor influenced your decision to apply to volunteer with the WRC?  
\_\_\_\_\_
- 2. What particular interests do you have which you would like to pursue as you work in this capacity?  
\_\_\_\_\_
- 3. What special abilities or assets do you possess which would be of value in your work here?  
\_\_\_\_\_
- 4. What is your understanding of the services provided by the WRC?  
\_\_\_\_\_

Read the following and initial in the spaces provided:

\_\_\_\_\_ I give the WRC and its agent permission to contact the employers listed on the previous page in considering this application

\_\_\_\_\_ I give the WRC and its agent permission to conduct a background and character investigation about me. This may include a review of criminal convictions, academic transcripts and references.

\_\_\_\_\_ I am not required to register under the provisions of the Oklahoma Sex Offender Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

I have read and fully understand all of this application. I hereby certify that all statements and answers given by me in this application are true and correct. I understand that any false statement may be cause for dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date