



COMMUNITY WOMEN AGAINST HARDSHIP VOLUNTEER APPLICATION for **Students**

(Please Print)

Date: _____ Name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Cell Phone: _____

Email: _____

Soc. Sec No# _____ (SS# is used for various background checks required for certain positions)

EDUCATIONAL BACKGROUND

Name of High School or University: _____ Grade Currently In: _____

Major: _____ (if college student)

Are you Seeking a volunteer position for school requirements: Yes _____ No _____

Number of Hours Required: _____ Completion Deadline _____

School Advisor's Name & Phone: _____

Please list any special health accomodations or considerations which might be necessary _____

VOLUNTEER / INTERN INFORMATION

Are you volunteering for community service: Yes _____ No _____ Hours Required _____

Completion Deadline: _____

What qualifications, skills or experiences do you have that will help CWAH? _____

Please check the areas that you would be interested in volunteering your time?

___ Food Pantry (organizing & sorting donated itmes).

___ Clothing Boutique (organizing & sorting donated items).

___ Warehouse (organizing & sorting donated itmes).

___ Library (organizing books & updating book registry).

___ Maintenance/Cleaning (maintenance work and/or cleaning certain areas in the facility).

___ Tutoring or assisting with some CWAH, (workshops, activities, or educational programs)

___ Helping at Family Activities (workshops, activities, or educational programs)

___ Other _____

What days and hours would you be available to volunteer?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Two References:

(1) Name _____ Relationship _____ Phone _____

(2) Name _____ Relationship _____ Phone _____

In case of Emergency, Notify: Name _____ Relationship _____ Phone _____

Signature: _____

I certify that all information is true. I understand that any misleading statements render this application void.

**You may fax or mail this form to: Community Women Against Hardship
ATTN: CWAH Volunteer, 3963 West Belle Pl., St. Louis, MO. 63108 Fax: 314/289-7523**

For Office Use Only: Type of Volunteer _____ HS Student/Intern _____ College Student/Intern _____

(2)