



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

(Please Print)

Date: _____ Name: _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Cell Phone: _____

Email _____

Occupation: _____ Additional Education/Training/Certifications /Degrees _____

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

CWAH may require background checks for criminal offenses. Is there anything that would prevent you from passing a background check? Yes No

(If yes, please be prepared to discuss this in confidence with the Executive Director)

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

EDUCATIONAL BACKGROUND

High School,or College Name: _____

Additional Training/Certification Training _____

EMPLOYMENT INFORMATION

Current Employer: _____ Title _____

Superisor Name and Phone: _____

If retired, please list last place of employment: _____

VOLUNTEER 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 items).
- Clothing Boutique (organizing & sorting donated items).
- Warehouse (organizing & sorting donated items).
- Library (organizing books & updating book registry).
- Maintenance/Cleaning (maintenance work and/or cleaning certain areas in the facility).
- Volunteer Family Caseworker (needed during only the Christmas Holiday Season).
- CWAH annual fundraising events: (Walk, Basketball Invitational, Jazz Brunch, or Concert /Auction Gala).
- Student Enrichment Program (instructing youth , various arts, recreational and/or developmental activities for youth, i.e., music, dance, nutritional cooking, computers, tutoring , etc) .
- 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 Adult- Non-Student Community Service Hours

