

# WOMEN HELPING GIRLS VOLUNTEER APPLICATION

A program of the Greater Rochester Area Branch of the American Association of University Women

**Name:** \_\_\_\_\_  
FirstLastToday's Date

**Current home address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Length of time at current address:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Previous home address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Length of time at previous address:** \_\_\_\_\_

**Currently employed:** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete information below)

**Current employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
StreetCityStateZip

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

**Date of employment:** \_\_\_\_\_

**Describe job duties:**

**Previous employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
StreetCityStateZip

**Dates of employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Describe job duties:**

**REFERENCES (Include two work-related references and one character reference from person other than a relative):**

Name	Relationship	Address	Telephone
1.			
2.			
3.			

**Please list any other cities, states, and dates of residency during the past 10 years.**

- 1. \_\_\_\_\_ Date: \_\_\_\_\_
- 2. \_\_\_\_\_ Date: \_\_\_\_\_
- 3. \_\_\_\_\_ Date: \_\_\_\_\_
- 4. \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER EXPERIENCE (List current or previous volunteer activities):**

Name of volunteer program	Duties performed	Dates
1.		
2.		
3.		

**Please explain your interest in volunteering for Women Helping Girls**

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**Type of volunteer work you are interested in (circle all that apply):**

1. Mentoring a middle school 6 <sup>th</sup> -12 <sup>th</sup> grade girl
2. Driving girls to WHG activities
3. Assisting with mailings/office tasks/database updates ((work can be done at home or at our office, time commitment is flexible
4. Present Women Helping Girls “news” to community & business groups
5. Fundraising for WHG programs by assisting with the planning of a fundraiser event or volunteering at the event
6. Phone surveys to our volunteers/girls (2-3 times per year)
7. Photographing WHG events, you can sign up for one or more event
8. Assisting with the WHG newsletter (writing, editing and/or production)
9. College Bound partner (assisting girl/family with college application process)
10. Social media assistance (updates WHG website, update facebook)

**Please list other skills, interests and/or experiences that you might like to share with WHG:**

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**Do you have a valid NYS Drivers License?**

Yes Please list your license ID number: \_\_\_\_\_  
If yes, WHG requires a copy of your NYS Drivers License and proof of auto insurance to keep on file.

No

**Background Investigation Authorization**

- Have you ever used or been known by any other name? Yes No
- Have you ever been convicted of a crime (misdemeanor or felony)? Yes No
- Have you ever been convicted of an alcohol related driving offense? Yes No

If you answered “yes” to any of the above questions, please explain below. Please note that a “yes” answer to any of the above questions does not necessarily exclude you from a volunteer position.

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**Applicant’s Information Release**

\_\_\_(Initial) I authorize Women Helping Girls to conduct a background check regarding my personal references and employment.

If I become a mentor, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and pertinent information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

**Applicant’s Statement**

\_\_\_(Initial) I agree to uphold the volunteer policies of the Women Helping Girls program. As a volunteer I will follow WHG rules and procedures as outlined by the WHG Coordinator, accept that my commitment of time is serious, perform my volunteering role to the best of my ability, meet my commitments reliably to the best of my ability, communicate concerns promptly to WHG Coordinator, respect the confidentiality of mentees regarding personal information, and agree to attend at least two WHG activities per year.

\_\_\_(Initial) I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by Women Helping Girls or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

\_\_\_(Initial) I hereby acknowledge that my submission of an application to Women Helping Girls does not guarantee that I will be given a mentor and/or volunteer position with Women Helping Girls. I further acknowledge that all volunteers and mentors are accepted at the sole discretion of Women Helping Girls.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_