



**Rutland County
Women's Network &
Shelter, Inc.**
PO Box 313
Rutland, VT 05702
Business (802)775-6788
Crisis (802)775-3232
Fax (802)747-0470

Volunteer Application

Date: _____

Name: _____ Date of Birth: ___/___/___

Email: _____

Address: _____

Home Phone () _____ Cell () _____

Work () _____ Best time to call _____

Employer: _____ OK to call you at work? Y N

Times Available to Volunteer

Monday	Start time:	to:	Tuesday	Start time:	to:
Wednesday	Start time:	to:	Thursday	Start time:	to:
Friday	Start time:	to:	Weekends	Start time:	to:

What areas are you most interested in? (Check all that apply)

___ Office Support ___ Child Care or Children's Programs ___ Grounds/Maintenance
___ Fundraising ___ Other

Do you have any restrictions? _____

Why would you like to volunteer at RCWN&S?





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Do you have any previous experience with domestic or sexual violence? If yes, please explain.

How did you hear about us? _____

Do you have any special hobbies or areas of interest? _____

If this is a Community Service requirement, how many hours are you required to perform? _____

When must these hours be completed? _____

References:

Name _____

Name _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____





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Emergency Information

Emergency Contact: _____
Name # Relationship

Physician: _____ Physician # _____

Medical Conditions:

Current Medications: _____

Allergies: _____

If I require emergency medical treatment, I authorize the staff of RCWN&S to obtain such treatment and to release the above information to emergency personnel for medical purposes, at the discretion of RCWN&S.

Signature _____ Date: _____



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