

VOLUNTEER APPLICATION

Thank you for your interest in Working Group on Girls of Schenectady, Inc. (WGGS). All of our volunteers make a difference in the lives of the young girls of Schenectady! Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (preferred): _____

Email (preferred): _____

Employer: _____

Position/Title: _____

Please share with us why you would like to volunteer with WGGS? _____

How did you hear about WGGS? _____

Please provide your prior volunteer experience (include organization names and dates of service) *please continue on the back if necessary* _____

Please share any special training, skills and/or hobbies that you feel WGGS could benefit from

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make) _____

Please list one reference whom we can contact (not a relative):

Name: _____

Relationship: _____

Phone Number: _____

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with WGGS. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with funding bodies.

Please check if you would like to receive regular WGGS newsletters.

By signing this form I attest that the information supplied is true and accurate.

I understand that submitting this application form does not automatically register me as a volunteer but that there is a selection process including completion of a satisfactory background check and participation in training. I confirm that I am willing to volunteer and to attend the required training to become a muse.

Signature:

Name:

Date:

WGGS is committed to the safety and wellbeing of all children and young people accessing our service. We support the rights of the child and will act without hesitation to ensure a child-safe environment is maintained at all times. We also support the rights and wellbeing of our volunteers and encourage their active participation in building and maintaining a secure environment for all participants.