

## The Women's Center at CCM Volunteer Application

### Applicant Note

This application is intended for use in matching your qualifications for prospective placement with The Women's Center at CCM. Questions asked on this application and in the interview are designed to help us match you with a volunteer position. Please answer all appropriate questions completely. Information from this application may be used in a subsequent interview. All information is kept confidential and is for use by The Women's Center only. Thank you for your interest in The Women's Center at CCM. **Please provide us a copy of your resume, if you have one.**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First MI Last

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

List any memberships/organizations you are a member of

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List any previous volunteer experiences/relevant experiences

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How did you learn about The Women's Center at CCM?

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What volunteer positions are you interested in?

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What times/days are you available?

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Do you speak any other languages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

Check One: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Self-employed \_\_\_\_\_ Retired \_\_\_\_\_

Place of Employment \_\_\_\_\_ City \_\_\_\_\_

Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you a Current Student? Yes \_\_\_\_\_ No \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Education \_\_\_\_\_

**Person to notify in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**List 3 references we have your permission to contact, excluding relatives:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Applicant Statement**

I hereby affirm that all information contained in this application is correct and remains the sole property of The Women's Center at CCM. I understand that The Women's Center will contact my references and may contact my employer as part of the screening process. I authorize all employers, organizations or other entities identified in this application to release any applicable information contained in their files or records concerning me. I understand the Women's Center will make every effort to match me with an appropriate volunteer position within the center and that they reserve the right to deny acceptance to any applicant without stating a reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return form by mail or email:**

**Mail:**

Volunteer Coordinator  
The Women's Center at CCM  
SCC #115  
214 Center Grove Road  
Randolph, NJ 07869

**Email:**

[womenscenter@ccm.edu](mailto:womenscenter@ccm.edu)