



Volunteer Application

RESOURCE CENTER FOR WOMEN

1301 Seminole Boulevard, Suite 137 • Largo, Florida 33770-8113
Tel: (727) 586-1110 • Fax: (727) 585-4089 • info@resourcecenterforwomen.org

Please complete the application and fax/mail it to RCW. You will be contacted to schedule a time for volunteer activities. Thank you for your interest in volunteering at RCW!

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ E-mail _____

Please tell us the best way to reach you by phone. Include area code.
(Home) _____ (Cell) _____ (Bus.) _____

How do you see yourself working with RCW as a volunteer?

When are you most often available to help?

Mon. AM ___ PM _____ Tues. AM ___ PM _____ Wed. AM ___ PM _____

Thurs. AM ___ PM _____ Fri. AM ___ PM _____

Late afternoons _____ evenings _____ Saturdays _____

Here are a **few** samples of ways you may want to volunteer. Check any of interest to you or note specific activities that best use your skills and experience.

- | | |
|--|--|
| <input type="checkbox"/> Making phone calls | <input type="checkbox"/> Database updates (Access) |
| <input type="checkbox"/> Assisting with large mailings | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Using desktop publishing skills | <input type="checkbox"/> Coaching a client |
| <input type="checkbox"/> Coordinate/Prepare Empowerment Bags | <input type="checkbox"/> Doing internet research |
| <input type="checkbox"/> Tutoring clients in computer lab | <input type="checkbox"/> Answering the phone |
| <input type="checkbox"/> Outreach/Marketing | <input type="checkbox"/> Planning events |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Person to call in case of emergency: _____ **Phone:** _____

RCW Use Only

Initial contact: staff initials/date: _____

Source: _____

Sched Orientation Date _____

Orientation complete _____