Dear Prospective Volunteer,

Thank you for your interest in volunteering for Womencare Shelter. For 32 years, Womencare Shelter has depended upon the dedication of hundreds of volunteers to provide staff support, resident support and answer the 24-hour help-line.

There are many different opportunities within the agency including:

Women's Support and Advocacy	Answering Helpline	Administrative Support
Children's Advocacy	Community Education	Housing Advocacy
Facilities	Board of Directors	Legal Advocacy
Fundraising	Women's Support Group	Bilingual Advocacy
Children's Workshops	Endless Possibilities	

Anyone wishing to volunteer at the shelter or answering the helpline must complete our 20-hour training. Training requirements for those wishing to volunteer at the administrative office or in community education vary depending on tasks to be performed. This training is essential and meets the WAC 388-61A advocate training requirements for domestic violence shelter in Washington State.

Enclosed you will find our volunteer application packet. The packet includes the basic information sheet as well as a state patrol background check and a Womencare questionnaire. Please return the volunteer packets at your earliest convenience. We will set up an informal interview before training starts.

If you have any questions about the application or about volunteering with Womencare, please do not hesitate to contact me at 360-927-7229.

Sincerely,

Katie Chandler
Volunteer Education Coordinator
Womencare Shelter and Domestic Violence Services
4120 Meridian St. Suite 220
Bellingham, WA 98226
Katie@womencareshelter.org

Womencare Shelter
the first door to non-violence

Volunteer Information

Name:_____ Date:_____

Address:_____ Phone:_____

_____ Email:_____

Date of Birth:_____

Emergency Contact:_____

_____

REFERENCES

Please give names, addresses and telephone numbers of two people who are not relatives or former employers, who have knowledge of your character and abilities.

1) Name _____ Phone _____
Address _____

2) Name _____ Phone _____
Address_____

3) Name_____ Phone_____
Address_____

VOLUNTEER EXPERIENCE

Have you been a volunteer at another agency, group or program? _____

If yes, name the organization(s) and describe your involvement and responsibilities there:

1).____
_____
_____

2.) _____
_____
_____

3.) _____
_____
_____

Is your volunteering related to (circle the ones that apply):

School Professional Developmental Personal Enrichment All

Explain: _____

_____

_____

VOLUNTEER INTERESTS MENU

- ☐ *Weekend Warrior*: this includes being available to come to the shelter on weekends and help with a variety of tasks, plan games for kids and helpline.
- ☐ *Community Ambassador*: this is for volunteers interested in tabling events and community education.
- ☐ *G^3* : this means gardening girls and guys, for those with a green thumb.
- ☐ *Food ene*: for volunteers who are interested in healthy eating and helping residents with food budgets.
- ☐ *Heart to Home*: this is for volunteers who are interested in gathering donations and giving them to women who find housing and need tangible items.

Are there any volunteer interests that are not covered by our menu that you would like to explore?

If so then please list your interests or ideas: _____

_____

Are there any reasons you would not be able to perform the duties of a volunteer advocate?

Please describe:_____

The following information is accurate and to the best of my knowledge:

Name:_____ Date: _____

Signiture:_____

Vision: Womencare Shelter envisions a community of peaceful, safe, and healthy relationships

Mission: Womencare Shelter is an empowerment-based organization working to end domestic violence by providing emergency, confidential shelter, 24 hour crisis support services and community education.

Value Statements:

Womencare . . .

- believes all people have the right to live a life free of violence
- believes that domestic violence is a form of oppression stemming from abuses of power and control
- supports and empowers individuals to make their own life choices through advocacy and education
- believes in building healthy relationships based on trust, mutual respect and equality
- is a feminist organization that values the strength and power of women
- believes that domestic violence is a societal issue and not an individual problem
- believes in increasing access to services by reducing barriers

Diversity Statement:

Womencare Shelter seeks to nurture the full inclusion, at all levels, of the widest variety of cultural perspectives and experiences in our work. We are stronger as an organization when we recognize, value, and capitalize on the diverse strengths and experiences of our employees and volunteers. We honor this diversity as essential to the accomplishment of Womencare Shelter's mission.

VOLUNTEER QUESTIONNAIRE

Now that you have read over our introductory letter and mission, values statement we would like to hear more about you. These questions are intended to help you better describe yourself and what you may or may not know about our services. The questions will also help the volunteer coordinator know what areas of interest to place you and help with the interview process.

1.) Explain your interest in Womencare and the services provided.

2.) After reading Womencare's vision, mission and values statement, is this an agency that you believe you would like to be a part of?

3.) Why do you think that Domestic Violence occurs in our society?

4.) Tell us your experience working in a group setting with diverse populations.

5.) What do you need to make your experience meaningful?

6.) Please detail any languages other than English that you are comfortable using and/or speak.

7.) Please detail an experience you have with domestic violence.

8.) Do you believe your level of experience or exposure to domestic violence will affect your ability, in any way to adhere to Womencare's Policy's and Procedures?

9.) Womencare is a confidential shelter, what does confidentiality mean to you?

10.) Do you have any further questions or comments to discuss @ the interview?

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633, Olympia, WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION

CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 through 43.43.845

APPLICANT OF INQUIRY

Applicant's Name: _____

Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____

Month/Day/Year

Driver's Lic. Number/State:_____/___

Secondary dissemination of this criminal history information response is prohibited unless in compliance with RCW 10.97.050.