Volunteer Application Form

Please email this form to cicelyp@feministcenter.org. Should you be selected, we will contact you via phone for a brief interview. We look forward to receiving your application!

Basic Information

Name (First, Middle, Last)
Email Address Phone
Street Address
Street Address
City State Zipcode
Date of Birth (MM/DD/YY) Occupation
Current Employer/ School
Emergency Contact Name
Phone Relationship
Reference Name
Phone Email Address
How did you hear about us?
Word of Mouth Social Media Outreach Event/Festival Website
Other. Please specify:

Interests and Skills

	have any past experience in vo ate below.	olunte	ering, community	involvem	ent or political w	ork? Please
Educat	ion Background. Please share o	details	of current school	l or highes	t degree obtaine	d:
Name (of School/University					
Addres	S					
Degree	2		Grad	uation Da	te	
Please	list any computer-related skills	s vou h	nave including sof	tware pro	grams vou are fa	miliar with.
						
		_				
	iges. Please specify proficiency ency, Professional working proj					
project	ency.					
Please	e indicate which areas of our w	ork int	-	_	_	
	Lifting Latinx Voices Initiative		Legislative Advo	cacy	Civic Engage	ment
	Community Outreach		Fundraising		Marketing & 0	Communications
	Clinic Escort/Liaison work					

Please select all areas that you have	ve skills or experiei	nce in.	
Administrative Support	Advocacy	/	Audio/Video production
Clinic Liaison	Commun	nity organizing	Data collection & analysis
General marketing skills	Graphic o	design	Fundraising
Health education	Photogra	aphy	Research
Social media	Software	development	System administration
UX/UI design	Facilities	maintenance (painter	, carpenter, etc.)
Please describe any additional skil	is or experience til	at you would like us t	o know about.
Optional Section - Identiti	es and Demog	graphic Informat	ion
We are an inclusive organization th identities, across age, ethnicity, race learning about the identities you he The following questions are optional identities that describe you.	e, nationality, gende old and the ways in	er and sexual orientat which they affect how	ion. We are interested in vou experience the world.
Age			
Below 18 years 18-34 y	ears 35-50 y	years 51-64 ye	ars 65+years
Gender Identity - Please select all	the identities that	describe you:	
Woman Man	Gender Non	ıconforming/Genderqı	ueer/Non-binary
Trans Man/Man of trans exp	perience	Trans Woman /Womaı	n of trans experience
Two-Spirit Inte	rsex	Prefer not to answer	

Additional Information

Our clinic and office space is accessible to most wheelchair users. We are currently updating even more of our space to accommodate wheelchair users. Please let us know if there is anything we can do to accommodate your physical needs as a volunteer.
What days and times do you prefer to volunteer?
Weekday AM Weekday PM Weekend AM Weekend PM
Prefer to self-describe:
Will you be volunteering with us to fulfill a community service or school requirement?
No
Yes. Please explain:
Statement of Responsibility: If accepted as a volunteer, I pledge to hold in strict confidence, all personal and official matters that come to my attention. It is my responsibility to respect and preserve the privacy of patients as well as any details involved. I understand that I will be required to sign a Confidentiality Agreement.
Signature of Applicant

Disclaimer: We are so thrilled you are interested in volunteering with us. Many great community leaders, health care providers and even elected officials were once volunteers with us! Sometimes our needs to support our work and your interest as a volunteer are not a good fit. If that is the case we will let you know and hopefully can help connect you with one of our partners. Also, as a volunteer you are not obligated to accept volunteer assignments offered.