Victory Women of Vision

25 Lowell Street Ste. 307 Manchester, NH 03101

Phone: 603-264-7083  
victorywomen12@gmail.com

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| Volunteer Application | 2018 |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Primary Phone Number |  |
| Secondary Phone Number |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments? Indicate specific days or hours.

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

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| --- |
| Administration- financial, organizational needs, computer skills and marketing/advertising |
| Events- planning, coordinating and working with other organizations |
| Translators- any second language |
| Fundraising and grant writing |
| Elders Knitting Group- transportation needs, teaching, donating materials, farmer’s market |
| Women’s Leadership- administration, organization, coffee/food donations |
| Men’s Leadership- administration, organization, coffee/food donations |
| Youth Empowerment- administration, organization, coffee/food donations, teaching |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Primary Phone Number |  |
| Secondary Phone Number |  |
| E-Mail Address |  |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or education. Indicate if fluent in languages.

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## Previous Experience with immigrant and refugee community

### Summarize your previous experience and interest or connection.

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## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy and Criminal Background Check

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### You will need to fill out the separate sheet for criminal background check.