



Volunteer Form

At the Warriors of Women Foundation, volunteers serve as both vital team members and passionate ambassadors who actively advance our mission.

Your Name *

First Name

Last Name

Birthdate *

Date

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number *

Education Level *

Emergency Contact(s) *

Name*

Phone Number*

Relationship*

Availability & Commitment

How many hours are you looking to volunteer? *

Are you seeking to fulfill required community service hours? *

☐ Yes

☐ No

If yes, how many hours are required? *

What is the deadline for completing? *

Who is requiring the hours? *

☐ School

☐ Court

☐ Employer

☐ Other

What days & times are you available? *

	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Would you like to commit to ongoing volunteer options? *

☐ Yes

☐ No

Volunteer Interests & Skills

What type of volunteer work are you interested in? (Check all that apply)

☐ Youth Mentorship

☐ Event Planning

☐ Administrative/Clerical Work

☐ Fundraising and Donor Outreach

☐ Social Media and Marketing

☐ Financial Literacy and Career Coaching

☐ Mental Health Advocacy

☐ Other

Do you have any specialized skills or certifications that could benefit our programs?

Are you comfortable working directly with youth and families? *

☐ Yes

☐ No

Barter Service Option

Would you like to fulfill your volunteer hours through barter services? *

☐ Yes

☐ No

If yes, what skills or services can you offer in exchange for volunteer hours? (Check all that apply) *

☐ Graphic Design

☐ Photography/Videography

☐ Website Development

☐ Marketing/Social Media

☐ Legal or Grant Writing Assistance

☐ Event Set Up

☐ IT/Tech Support

☐ Teaching workshops (financial literacy, career coaching, etc)

☐ Other

If other, please indicate what other skills or services can you offer?

Background Check

(ONLY COMPLETE - For programs that involve working with youth)

Do you consent to a background check if required for certain volunteer roles? *

☐ Yes

☐ No

Do you have any prior convictions that we should be aware of? *

☐ Yes

☐ No

If yes, please explain


Volunteer Release & Agreement

Photographic & Volunteer Release

I hereby acknowledge that the information given above is true and accurate. I give permission to use of my photographs that are taken by staff in order to use for social media. I understand that my participation as a volunteer is subject to the guidelines of the Warriors of Women Foundation.

Volunteer Candidate Signature *

Sign Here



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Date: