



# BASIC VOLUNTEER APPLICATION (ADULT)

**Kodiak Women's Resource and Crisis Center**

422 Hillside Drive | PO Box 2122

Kodiak, Alaska 99615

907-486-6171 | outreach@kwrcc.org

Kodiak Women's Resource and Crisis Center (KWRCC) is committed to providing quality volunteers, volunteer opportunities, and volunteer services. This application will assist us in determining where and how a volunteer applicant can be best utilized by our agency. This application will not be used for limiting or excluding any volunteer applicant from consideration on a basis prohibited by local, state, or federal law.

## **I. APPLICANT INFORMATION:**

*\*If you are under 18, please fill out the Basic Volunteer Application (Minor).*

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Do you have any condition(s) which would require accommodations?** Yes      No

If yes, please describe accommodations you would need below.

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## **II. VOLUNTEER OPPORTUNITIES:**

**How would you like to volunteer with KWRCC?** *Please check everything you are interested in.*

Facility Maintenance      Gardening/ Yard Work      Cleaning/ Organizing      Donation Room Fundraising/

Grants      Outreach Events/ Programs

*Serving on the KWRCC Board or a Committee (NOTE: requires an additional application and appointment process)*

*Crisis Line Volunteer (NOTE: requires additional application information and background check)*

*Presentations, Groups (NOTE: requires additional application information and background check)*

*Other:* \_\_\_\_\_

## **III. SKILLS/CERTIFICATIONS/TRAINING:**

**Please list below any skills, certifications, and/or training you possess that could be an asset to or utilized by KWRCC:**

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*By signing below, I certify that this information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date