



BASIC VOLUNTEER APPLICATION (MINOR)

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:

Name: _____ **Date of Birth:** _____

Phone Number: _____

Email Address: _____

Parent's Name: _____

Parent's Phone: _____

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

If yes, please describe accommodations you would need below.

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

Presentations, Groups (NOTE: requires additional application information and training)

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:

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

Applicant Signature

Date

Parent/ Guardian Signature

Date