

Demographics Information

Last Name:		First Name:	
Aliases (e.g., Maiden Name):			
Address:		City:	Zip:
Home Phone:		Cell Phone:	
DOB:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary	
Email:		<input type="checkbox"/> Add me to ReWA's Email List!	
Emergency Contact Name:		Phone:	
Relationship:			
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Military <input type="checkbox"/> Retired			
Highest Level of Education Completed:			
<input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> 2-Year Degree <input type="checkbox"/> 4-Year Degree <input type="checkbox"/> Graduate Degree			
Race:			
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other/Multi-Racial			

Interests & Availability

What area(s) are you interested volunteering in?

- Citizenship & Naturalization
 Childcare
 ESL
 Early Learning Center
 Fundraising/Special Events
 Job Readiness Program
 Youth Program

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

General Information

How did you first hear about ReWA?

- Email / Newsletter Social Media Website / Search Engine Family / Friend Other Agency
 Poster / Flyer / Sign School / Colleges Word of Mouth

Are you fluent in other languages? If yes, please list. Yes: _____ No

Why do you want to volunteer at ReWA?

What skills or experiences do you possess that might be useful as a ReWA volunteer?

Do you have any limitations that may affect your ability to volunteer? If yes, please describe: Yes No

Are you a member of any civic, social, professional, or faith organizations?

May we use your name and pictures in our publications? Yes No

Criminal Background Check

As a service organization, we must screen all volunteers to ensure the safety of clients, staff, visitors, and other volunteers. All results will be attached to your application and will remain strictly confidential.

I understand that Refugee Women's Alliance will conduct a Washington State Patrol Criminal Background check on me.

Have you been convicted of any criminal offense or released from prison within the last seven years? If yes, please explain.

No Yes: _____