

# Center for Women in Transition

## Volunteer Application

Our Mission: The Center assists women in the criminal justice system because change is possible.



Thank you for your interest in volunteering!  
Please fill out the information below.

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

Gender Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthday (mm/dd): \_\_\_\_\_

Would you like to be added to our mailing list?  Y  N

Education background: \_\_\_\_\_

Current occupation/employer: \_\_\_\_\_

Please list your hobbies, skills, interests, etc:

Describe your previous work or volunteer experience:

Why are you interested in volunteering with the Center?

Have you ever volunteered with the Center before?  Yes  No

If yes, when and in what position?

Availability (please select all that apply)

I'm flexible

Prefer weekdays

Prefer evenings

Prefer weekends

Prefer days

Other:

Area of Interest

Please check areas of skill/interest:

Administrative Volunteer

Special Events

Development Assistant

Donations Assistance

Mentorship

Building Maintenance

Board Committee

Research

Photography/Videography

Community Outreach

Leading a Class (Please specify area of expertise):

Other (Please specify):

Please list two non-family references whom we might contact.

a. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

b. Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (not including traffic violations)?

Yes  No

If yes, are you currently under city, state or federal parole or probation?  Yes  No

*Providing the above information **will not** disqualify individuals from volunteering at the Center; however, it may impact the types of volunteer work available to volunteers. We appreciate your honesty. Background checks are done on individuals applying for certain volunteer positions as specified in the job description. Ongoing volunteers who work on a regular basis with Center clients will be required to submit to a criminal background check.*

Volunteer Statement

I hereby certify that the statements made on this volunteer application are true and correct, and have been given voluntarily. I authorize Center for Women in Transition to verify, in whole or in part, any information provided on this application. I recognize my right, as a volunteer, to discontinue my service at any time and for any reason. I also understand that the Center reserves the right to discontinue my volunteer service relationship.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under the age of 18)

Please return via mail or email to:  
Hallie Moore  
7525 S. Broadway  
St. Louis, MO 63111  
[halliemoore@cwitstl.org](mailto:halliemoore@cwitstl.org)