



Victoria Women In Need Community Cooperative Volunteer Application Form

Name _____ Date: _____
 Address _____
 Postal Code _____
 Phone (h) _____ (c) _____
 E-mail Address _____

WIN Staff, please fill out the following:	
Date Received	
Location Received	
Staff Name	

1. What area are you interested in working in?	
Location: <input type="checkbox"/> Cook <input type="checkbox"/> Pandora <input type="checkbox"/> Westside	Departments: <input type="checkbox"/> Production <input type="checkbox"/> Retail <input type="checkbox"/> Admin <input type="checkbox"/> Events <input type="checkbox"/> Housewares <input type="checkbox"/> Books <input type="checkbox"/> Clothing <input type="checkbox"/> Linens
2. What do you expect to gain from this experience?	
3. What are your skills/hobbies and interests?	
4. Are you currently:	
<input type="checkbox"/> A Student <input type="checkbox"/> Employed (full time) <input type="checkbox"/> Employed (part time) <input type="checkbox"/> Retired <input type="checkbox"/> Other	
5. Have you ever volunteered for any other organization? If so, where? When?	
6. Are you able to commit to one 4 hour shift per week?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you expect that this will be a short term or long term commitment?	
<input type="checkbox"/> Short Term (1-6 months) <input type="checkbox"/> Long Term (6 months or longer)	
8. Do you have any mobility or support needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:	
9. Please give us a date when you are able to start.	
10. When is the best time (days of week & hour) to call you?	
11. When is the best time for an interview?	

