

ACTION OHIO COALITION FOR BATTERED WOMEN

PO Box 423, Worthington OH 43085-0423 | Phone 614.825.0551 | actionohio@wowway.biz

VOLUNTEER APPLICATION

NAME _____ ADDRESS _____
(Please Print.)

City _____ State _____ Zip _____

PHONE (Home) _____ (Work) _____

E-MAIL ADDRESS _____ BIRTHDAY _____ (Mo/Day)

EMPLOYER _____ TITLE/POSITION _____

How did you hear about ACTION OHIO?

Why did you want to volunteer?

How much time do you have available per month to volunteer? (Please specify if you know. e.g. day, time)

What experiences have you had with domestic violence?

What other volunteer experience have you had?

Please list your skills/experiences that might be helpful to ACTION OHIO.
(e.g. Office management, Computer, Public speaking, Fundraising, Foreign languages, etc.)

The mission of ACTION OHIO is "To ensure equal rights and empowerment for all individuals as we work toward the eradication of family violence in our society." As a volunteer of ACTION OHIO, I agree to uphold this mission.

To the best of my knowledge, the information I have provided in this application is true. It is understood and agreed that any misrepresentation by me in this application may be sufficient cause for cancellation of the application and/or separation from the organization.

Signature _____ Date _____