



Volunteer Application Form

Applicant Information:

Name: _____
Street Address: _____
City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Mobile Phone: _____
Fax: _____ Email: _____

Business/Professional Background (list most recent first):

Organization: _____
Street Address: _____
City: _____ Zip: _____
Position: _____
Dates From: _____ To: _____

Organization: _____
Street Address: _____
City: _____ Zip: _____
Position: _____
Dates From: _____ To: _____

Current Status:

Retirement Date: _____
Employed: Full Time: _____ Part Time: _____
School: Full Time: _____ Part Time: _____

Professional Affiliations:

Current: _____ Past: _____
Current: _____ Past: _____

Doors of Hope Women's Shelter
529 Broad Avenue, Wilmington, CA 90744
(310) 518-3667 | Fax (310) 513-6113
dohws@att.net | www.doorsofhopewomensshelter.org



Fund Raising Experience:

_____ Current: _____ Past: _____
 _____ Current: _____ Past: _____

Volunteer Services:

_____ Current: _____ Past: _____
 _____ Current: _____ Past: _____
 _____ Current: _____ Past: _____

Please mark all volunteer areas of interest:

Grant Writer		Handy'man' / Woman	
Day Room Monitor 2:45-6:45pm		Case Manager	
Food and Clothing Distribution		Counseling	
Fund Raising – Bake/Yard Sales		Intake / Receptionist 9am-1pm or 1pm–5pm	

Other Volunteer Areas of Interest:

Days and Hours of Availability:

Comments or Questions:

How did you hear about Doors of Hope Women's Shelter?

Are you currently affiliated with a church? Which one?

*Those volunteers wishing to work in direct contact with the women will be required to submit to a "Live Scan". This procedure is paid for in full by Doors of Hope Women's Shelter.

Fax completed application to: **(310) 513-6113**

OR:

Email it to: dohws@att.net

OR:

Print and return your completed application to:

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 529 Broad Avenue
 Wilmington, CA 90744**

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