**Girls Inc. of Greater Philadelphia and Southern New Jersey**

**Ongoing Volunteer Application**

All potential volunteers and interns are required to complete an application, agree to complete a criminal history and reference check, attend an interview and will receive notification within a week of their acceptance into the Girls Inc. volunteer program. Each accepted volunteer will be provided with a training session/s, project description and all resources needed prior to beginning their assignment. Girls Incorporated reserves the right to decline a volunteer applicant for any reason at any time.

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| --- |
| PERSONAL INFORMATION |
| Last Name: | First Name: | Middle Initial |
| Maiden Name (if applicable) | Birthdate \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ | Ethnicity: |
| Full Address: City, State | Zip Code: |
| Home Phone ( )  | Work Phone ( )  | Cell Phone ( )  |
| Email address:  |  |
| Current place of work:  |
| Current job position: |
| Please complete the following assessment: |
|  |
| How did you learn about Girls Inc.? |
| [ ]  Volunteer Fair | [ ]  Current Volunteer | [ ]  Volunteer recruitment website |
| [ ]  Friend | [ ]  School | [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| EDUCATION AND TRAINING |

 |
| Please include information from college, and/or other educational training. |
| Institution Name | Area/Major | Years Studied |
|  |  |  |
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|  |  |  |
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| PREVIOUS VOLUNTEER EXPERIENCE |

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| Please include information from your most current volunteer experiences |
| Institution Name | Position Held | Dates |
|  |  |  |
|  |  |  |
|  |  |  |
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| TIME COMMITMENT/AVAILABILITY |

 |
| **Office Hours** 9 am – 6pm **Program Hours** 8 am – 5pm **Saturday Program Hours** 9- 3  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday Tuesday | Wednesday  | Thursday | Friday | Saturday  |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

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| REFERENCES |

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| (List two persons unrelated to you who can speak about your volunteer or work experience) |
| Name: | Relationship: |
| Phone ( )  |  |
| Name: | Relationship: |
| Phone ( ) |  |
|

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| VOLUNTEER INTERESTS |

 |
| What volunteer opportunities interest you at Girls Incorporated?  |
| **Programs** | **Specific Volunteer Project:**  |  | Support Services |
| [ ]  Media Literacy  | [ ]  Career Exploration  |  | [ ]  Research |
|

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Economic Literacy  | [ ]  Post-Secondary Planning  |  | [ ]  Data Management |
| [ ]  STEM  | [ ]  Youth Leadership |  | [ ]  Marketing |
| [ ]  Early Grade Literacy  | [ ]  Group Mentoring  |  | [ ]  Fundraising |
| [ ]  Sports, Health and Fitness |  |  | [ ]  Public Relations |
| [ ]  Leadership & Community Action  |  |  | [ ]  Special Events |
| [ ]  Self-Defense and Safety |  |  |  |
| [ ]  Substance Abuse Prevention  |  |  |  |
| [ ]  Healthy Sexuality  |  |  |  |
|  |  |  |  |

What other skills do you have that could benefit Girls Incorporated during your volunteer experience? |
| [ ]  Microsoft Access | [ ]  Special Event Planning | [ ]  Curriculum Development |
| [ ]  Microsoft Excel | [ ]  Grant Writing/Fundraising | Specifically in the areas of:  |
| [ ]  Microsoft Word | [ ]  Social Work/Counseling |  [ ]  Science |
| [ ]  Database management | [ ]  Leading activities with groups |  [ ]  Mathematics |
| [ ]  Data Tracking/Evaluation | [ ]  Spanish Speaker |  [ ]  Culture/Arts |
| [ ]  Graphic Design | [ ]  Technical Support |  [ ]  Technology |
| [ ]  Marketing/Public Relations | [ ]  Other: (Please explain) |  |
| [ ]  Social Media  |  |  |
| Please list hobbies, interests, club affiliations, previous volunteer or work experience that would contribute to your experience at Girls Inc.: |
| **Permission to complete background check:**I give permission for Girls Incorporated to perform a check of my background, including: criminal record, past employment and volunteer history, educational and professional status and personal references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from acceptance into the Girls Inc. volunteer program. I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for particular types of volunteer projects and that all such information collected during the check will be kept confidential. I understand that Girls Incorporated of Indianapolis provides equal volunteer opportunities to all qualified applicants without regard to race, religion, color, sex, gender, age, disability, marital status, sexual orientation, socioeconomic status, veteran status or national origin. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer project and such other information as they deem appropriateApplicant Signature: Date:  |