



Volunteer and Intern Application

Volunteers: Volunteer@mcwctx.org
Shelter Interns: Volunteer@mcwctx.org

Undergraduate Interns: Volunteer@mcwctx.org
Counseling Interns: Vickiz@mcwctx.org

The policy of Montgomery County Women's Center does not allow former clients to volunteer or intern if they have received services from MCWC within the last six months.

Are you a current or former client of MCWC () Yes () No
If yes, last date service _____

Please Print All Information

Date _____

Name _____
Last first middle

Nickname _____

Home Address _____
City state zip

Phone _____
Home office cell

E-mail address _____

DOB / _____ / _____

Employer _____

Occupation/Title _____ Marital Status: (circle one)
 married single divorced widowed

Spouse's Name _____

How did you learn about our volunteer/intern program? (Please check all that apply)
 Newspaper Radio Television
 Speaker from MCWC MCWC volunteer School
 Online: what site? _____

What languages do you speak fluently? () English () Spanish () Other_
What languages do you read and/or write? () English () Spanish () Other_____

Special Skills or Hobbies _____

In which volunteer opportunities are you interested? (Check all that apply).
 Administrative Special Events Telephone Advocate
 Child Care Shelter Assistant Child Activities
 Resale Shop Legal Accompaniment
 Other _____

Thank you for your interest in the MCWC volunteer and/or intern program. We appreciate your desire to become an advocate for domestic violence and/or sexual assault survivors, their family members and friends.

Important Information

MCWC will complete a background check on prospective volunteers.
All prospective volunteers are required to successfully complete required training.

Are you currently on probation or parole or completing community service hours? Yes ____ No ____

If yes, please explain: _____

Have you been arrested, charged or convicted of an assault(s) or a felony? Yes ____ No ____

If yes, please explain: _____

Have you been under investigation through TDFPS (CPS and APS)? Yes ____ No ____

If yes, please explain: _____

I have read and understand the above information. I hereby authorize Montgomery County Women's Center to conduct a background and reference check.

Signature

date

Printed full name

The following demographic information would be helpful when gathering statistics but is not required.

Sex:	() Female	() Male	Level of Education:	() GED
Ethnicity:	() Caucasian		() High School	
	() African-American		() Associates Degree	
	() Hispanic		() College Degree	
	() Asian		() Graduate School	
	() Native American		() Business/Tech	
	() Other _____		() Other _____	

For Office Use

Background check completed: (date) _____ *attach copy to application

Completed by _____

Name and Title _____

Comments _____

Montgomery County Women's Center Volunteer/Intern Emergency Medical Information Form

Submission of this information and form is voluntary for all MCWC volunteers/interns. This form is intended only as a source of information in the event of a life threatening illness or injury.

Name _____
Last first middle

Home Address _____

City state zip

Phone _____
Home office cell

DOB _____/_____/_____

Emergency contact

Name _____

Phone Number _____

Relationship to you _____

Name of physician _____ Phone _____

Choice of hospital _____ Phone _____

List any existing medical conditions (diabetes, hypertension, etc.) _____

List all allergies to foods, medications, etc. and describe symptoms of reactions: _____

List all medications taken regularly: _____

Are you pregnant ()Yes ()No

Do you wear contact lenses? ()Hard ()Soft ()No

I give the Montgomery County Women's Center permission to release the above information to appropriate personnel in the event of an accident or medical emergency.

Signature

Date



The Montgomery County Women's Center is a 501(c)3 nonprofit organization.