



Montgomery County Women's Center
1401 Airport Rd.
Conroe TX 77301
936.441.4044 ext. 41 Fax: 281.907.9783

VOLUNTEER AND INTERN APPLICATION

Volunteers: Beverleym@mcwctx.org
Shelter Interns: Carriep@mcwctx.org

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

Montgomery County Women's Center's Policy 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, list date of last 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 () Personal Accompaniment () Telephone Advocate
- () Child Care () Shelter Assistant () Child Activities
- () Resale Shop () Legal Accompaniment () Special Events
- () 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 a reference check on me.

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