

**COASTAL WOMEN'S SHELTER**  
**VOLUNTEER INTEREST FORM**

This agency does not discriminate on the basis of race, color, religion, age, sex, national origin, political affiliation, sexual identity, or other non-performance factors. Your responses on the application are confidential.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

Convenient Time to Call: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Please explain briefly why you are interested in becoming a CWS volunteer; and how you heard about volunteer opportunities available through CWS:

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Please list experiences you have had that enhance your ability to serve as a volunteer (previous jobs, church work, formal training, volunteer work, life experience):

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How often would you like to volunteer with CWS?

- At least once a week - day(s) and time(s): \_\_\_\_\_
- About twice a month
- About once a month
- On occasion, when there is a special need

Have you ever been convicted of a crime?  Yes  No If yes please explain:

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Personal References:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Who to contact in case of an emergency:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

- |                            |                               |
|----------------------------|-------------------------------|
| Shelter Volunteer _____    | Store Volunteer _____         |
| Transportation _____       | Child Care _____              |
| Crisis Line Operator _____ | Office Support _____          |
| Fundraising _____          | Public Awareness Events _____ |
| Maintenance _____          | Grant Writing _____           |
| Data entry _____           | Other (specify) _____         |

I certify that the above statements are true and correct to the best of my knowledge and belief. I understand that willful misrepresentation or omission of facts may prevent my serving as a volunteer. I release all persons and agencies from any and all liability which may be incurred as a result of obtaining and using this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or fax to Coastal Women's Shelter  
P.O. Box 13081  
New Bern, NC 28561  
Office (252) 638-4509 Fax (252)-638-1298