



VOLUNTEER APPLICATION – P.O. Box 447, Coudersport, PA 16915

NAME: _____ Date of birth: _____

ADDRESS: _____

CELL PHONE: _____ ALTERNATIVE PHONE: _____

AMOUNT OF TIME YOU FEEL YOU CAN VOLUNTEER EACH MONTH? Circle one.

Special Events only 1-4 hours 5-10 hours 11-20 hours 20+ hours

Why are you interested in volunteering? _____

What other volunteer work have you done? _____

List your current memberships or involvements with other groups or organizations _____

What special skills, experience or abilities do you have that would make you an effective volunteer with

A Way Out? _____

Do you have any thoughts about what types of people are battered and why? _____

Do you have any thought about what types of people are sexually assaulted and why? _____

Why do you think perpetrators batter and sexually assault others? _____

What days and times are you most likely to be available to volunteer with us? _____

Please provide a cover letter with the names and phone numbers of 3 personal references and any other information you would like to share that may be relevant to your application as a volunteer.

I understand that any contact made with clients of A Way Out and any information heard as a volunteer is to remain strictly confidential.

Signature: _____ Date: _____

PRINT NAME: _____

Mail application and cover letter to A Way Out, PO Box 447, Coudersport, PA 16915