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**WOMEN IN TRANSITION APPLICATION FOR VOLUNTEER PLAYCARE SERVICE**

All applicants are considered for all volunteer positions regardless of race, gender, sexual orientation, age, marital status, cultural or religious practices, social or economic status, political beliefs, or physical abilities.

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Today's Date:

Name:

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Address:

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City:

State:

Zip Code:

Home Telephone: (    )

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E-MAIL ADDRESS:

Is this a good way to communicate with you?

Yes     No

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Employment Status:

Full-Time

Part-Time

Not working at this time

Student

Name of Employer:

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Job Title:

Work Telephone:

Fax Number:

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How did you learn about Women In Transition:  Newspaper     Radio     Television     WIT's Newsletter  
 I once received WIT services     Other:

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Do you know any one who is affiliated with the agency?  No     Yes: Name of person:

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Are you a U.S. Citizen?  Yes     No: Are you authorized to work in the U.S.  Yes     No

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Have you ever been convicted of a felony or misdemeanor?  No     Yes: Please explain:

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Do you have any special physical limitations that preclude you from performing any work for which you are being considered?  No     Yes: Please describe what the agency can do to accommodate you:

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Do you have a recent Pennsylvania Child Abuse Clearance?  Yes     No    If yes, please attach a photocopy.

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Training: Please note any special training or certifications you have received.

Type of Program

Type of Training

Certification & Date Received

1.

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2.

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Other Activities: Please list current or past professional or civic activities that may be relevant to your career or volunteering at Women In Transition.

Name of Organization

Type of Activity

Dates Involved

1.

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2.

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3.

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Education: Please list your educational achievements. If this information is provided on your Resume, skip to the next section.

High School

Undergraduate School

Graduate School

Name & State of School

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Diploma/Degree

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Year Completed

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**Employment Experience:** Please list your last three jobs. If this information is provided on your Resume, skip to the next section.

Employer	Job Title	Dates Employed
1.		
2.		
3.		

List any languages that you can speak other than English:

Speak fluently    Read and write fluently    Translate to English    Translate to the language(s)

Please briefly explain why you are interested in volunteering at Women In Transition:

**References:** Please provide three (3) references--persons who could speak to your professional abilities, character, and ethics and who are not related to you.

Name/Title/Organization	Day-Time Telephone Number and E-mail address	How known & number of years
1.		
2.		
3.		

**CERTIFICATION:** I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application and/or Resume shall be grounds for disqualification.

I authorize Women In Transition to investigate all statements contained on this application and/or Resume, and further authorize the references listed to provide Women In Transition with any and all pertinent information concerning my professional conduct and/or abilities to serve as a volunteer, and release all parties from all liability regarding the release of previous employment/professional conduct information to Women In Transition.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, participation in the Women In Transition, Inc. Volunteer Program will be on an "at will" nature, which means that I may resign at any time and that Women In Transition may discharge me at any time for any reason.

Signature of Applicant:

Date: