



# ACCESS

EMPOWERING HOMELESS WOMEN

## VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 16 or older? \_\_\_\_\_

Have you ever been a client at ACCESS? \_\_\_\_\_ If so, how long ago? \_\_\_\_\_

Do you have previous volunteer experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

I would like to be considered for:

Childcare/youth programs	<input type="checkbox"/>	Events/fundraisers	<input type="checkbox"/>	Meal program	<input type="checkbox"/>	Administrative	<input type="checkbox"/>
General assistance	<input type="checkbox"/>	Outdoors/grounds	<input type="checkbox"/>	Building/Maintenance	<input type="checkbox"/>		

Availability (Days/Times): \_\_\_\_\_

Please list skills, talents and interests that you would like to use or develop in your volunteer work:

\_\_\_\_\_

Please list one emergency contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about ACCESS, Inc.? \_\_\_\_\_

I certify that my answers to this application are correct and truthful. I authorize ACCESS, Inc. to perform a background check if I am volunteering directly with children.

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

Please return this completed form to:

Volunteer Department

ACCESS, Inc., 230 W. Market Street, Akron, OH 44303

[volunteer@access-shelter.org](mailto:volunteer@access-shelter.org)