

VOLUNTEER APPLICATION

Fill out the application completely and email or mail it to:

Becky Lee Women's Support Fund, 5 Thomas Circle, NW, 4th Floor, Washington, DC 20005 | becky@beckysfund.org

Date:

Best time to be reached:

Personal Information:

FIRST NAME	M.I.	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL		PERMISSION TO CONTACT YOU VIA EMAIL?	
		YES	NO
WORK PHONE	CELL PHONE	HOME PHONE	BEST TIME TO CALL

Areas of Interest/Skills:

- | | | | |
|--------------------|-------------------------------|----------------------------|--------------------|
| CLERICAL/PHONE | FUNDRAISING/DONOR DEVELOPMENT | MEDIA RELATIONS/JOURNALISM | HOSPITALITY/EVENTS |
| FINANCE/ACCOUNTING | CREATIVE SERVICES/GRAPHICS | INFORMATION SYSTEMS | PUBLIC SPEAKING |

Computer Skills:

CHECK THE APPROPRIATE BOXES. INCLUDE SOFTWARE AND YEARS OF EXPERIENCE.

COMPUTER SKILLS	SOFTWARE	YEARS OF EXPERIENCE
WORD PROCESSING		
SPREADSHEETS		
PRESENTATIONS/GRAPHICS/ NEWSLETTERS		
EMAIL/INTERNET		
DATABASE SYSTEMS		
OTHER		

Language(s):

ON A SCALE OF 1-5; FIVE BEING ABLE TO EXPRESS COMPLEX THOUGHTS FULLY AND FLUENTLY

LANGUAGE	SPEAKING	WRITING	READING	LANGUAGE	SPEAKING	WRITING	READING
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
LANGUAGE	SPEAKING	WRITING	READING	LANGUAGE	SPEAKING	WRITING	READING
	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Community/Volunteer Activities:

PLEASE DESCRIBE ANY WORK RELEVANT TO WORKING AT BECKY'S FUND

NAME OF ORGANIZATION

DUTIES/ACHIEVEMENTS

POSITION HELD

DATES

NUMBER OF HOURS WORKED PER WEEK

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Questions for Positions:

WHERE/HOW DID YOU HEAR ABOUT BECKY'S FUND?

WHY DO YOU WANT TO VOLUNTEER?

ARE THERE ANY HEALTH CONSIDERATIONS THAT MIGHT AFFECT YOUR VOLUNTEERING? PLEASE EXPLAIN.

DO YOU KNOW OF SOMEONE WHO HAS EXPERIENCED DOMESTIC VIOLENCE?

Thank you for completing Becky's Fund Volunteer application!
All information sent is kept confidential. For more information please visit
www.beckysfund.org.