

# VOLUNTEER APPLICATION

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

Becky Lee Women's Support Fund | becky@beckysfund.org  
1225 New York Ave NW, 8th Floor,  
Washington, D.C. 2000

DATE:

BEST TIME TO BE REACHED:

## PERSONAL INFORMATION:

FIRST NAME

M.I.

LAST NAME

STREET ADDRESS

STATE

ZIP CODE

CITY

EMAIL

CELL PHONE

WORK PHONE

PERMISSION TO CONTACT

YES

NO

## AREAS OF INTEREST / SKILLS:

CLERICAL/PHONE

FUNDRAISING

MEDIA RELATIONS

HOSPITALITY/EVENTS

FINANCE/ACCOUNTING

CREATIVE SERVICES

INFORMATION SYSTEMS

PUBLIC SPEAKING

## COMPUTER SKILLS:

YEARS OF EXPERIENCE \_\_\_\_\_

MICROSOFT WORD \_\_\_\_\_

CREATIVE GRAPHICS \_\_\_\_\_

EMAIL/INTERNET \_\_\_\_\_

DATA SYSTEMS \_\_\_\_\_

SPREADSHEETS \_\_\_\_\_

PRESENTATIONS \_\_\_\_\_

NEWSLETTERS \_\_\_\_\_

OTHER \_\_\_\_\_

## LANGUAGE(S):

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

LANGUAGE \_\_\_\_\_

LANGUAGE \_\_\_\_\_

LANGUAGE \_\_\_\_\_

LANGUAGE \_\_\_\_\_

SPEAKING WRITING READING

SPEAKING WRITING READING

SPEAKING WRITING READING

SPEAKING WRITING READING

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**COMMUNITY / VOLUNTEER ACTIVITIES:**

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

**NAME OF ORGANIZATION                      POSITION HELD                      DUTIES/ACHIEVEMENTS**

**# OF HOURS PER WEEK                      DATES**

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**QUESTIONS FOR POSITIONS:**

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

**2. WHY DO YOU WANT TO VOLUNTEER?**

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

**4. DO YOU KNOW OF SOMEONE WHO HAS EXPERIENCED DOMESTIC VIOLENCE?**