VOLUNTEER / INTERNSHIP APPLICATION

Thank you for your interest and support! As part of our Wisconsin Alliance for Women's Health volunteer team you can become part of something you believe in. The information on this form will help us find the most satisfying and appropriate volunteer service for you.

Personal Information

Name____ Date______________________

Address____

City/State/Zip ____

Phone__________________________________Email Address_____________________________________

Are you over 18 years of age? Yes ☐ No ☐ Date of Birth________________________

Emergency Contact Name ______________________ Telephone Number ___________________

Position you are applying for: Wisconsin Alliance for Women's Health Intern

How did you first learn of Wisconsin Alliance for Women's Health and about the volunteer opportunities?

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Experience/Skills

Please describe any general or specific skills (paid and volunteer) you feel would be helpful in your volunteer work at the Wisconsin Alliance for Women's Health (e.g., customer contact, computer skills, public speaking, written communications, leadership)

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Fluent Languages: ____

Community Affiliations: ____

Why have you decided to volunteer at the Wisconsin Alliance for Women's Health at this time?

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In what way would you like to intern / volunteer at the Wisconsin Alliance for Women's Health?

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What are your internship goals with the Wisconsin Alliance for Women's Health?

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Optional Diversity Information
We compile demographic information about WAWH volunteers. Although completing this section is completely voluntary, we would appreciate your information.

Race/ethnicity ______________________________________ Age _____________ Female ☐ Male ☐

Availability (please check all that apply)

☐ I prefer to work "on call" (within reason).
☐ I am available to work on special projects at a variety of locations.
☐ I can make a commitment of six months or more.
☐ I am interested in a volunteer internship (requires 6 or more hours per week).
☐ I am only interested in a short-term volunteer opportunity.
☐ I would like to volunteer regularly each week.

How many hours do you wish / expect to intern each week? ______________________________________
At what times are you available to volunteer? (Please list ALL the hours that you are available.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Confidentiality
Your volunteer position may expose you to confidential information and records. Under no circumstances can you reveal this information except as may be required in the course of your work or by law. WAWH will immediately terminate any volunteer who breaches confidentiality about patients, internal financial and management matters, staff members, donors, or other volunteers. Unauthorized use or disclosure by you of any such information constitutes a breach of promise of your volunteer commitment to WAWH and may subject you to court action by any interested party and/or to other sanctions by WAWH.

By signing below, you agree to maintain the confidentiality of all information, even after your active volunteer status has ended, and certify that all information provided is true and complete and authorize WAWH to verify information provided.

Signature Date

PLEASE RETURN THIS APPLICATION TO:
Wisconsin Alliance for Women's Health: Sara Finger, PO Box 1726, Madison, WI 53701 or sara.finger@wiawh.org