

The Women's Daytime Drop-In Center Volunteer Application

2218 Acton Street Berkeley, CA 94702
510.548.2884

Name: _____ Date: _____
Phone: _____ Email: _____
Address: _____ City: _____ State: _____
Zip: _____ Date of Birth: _____

Please check the support services you would like to be involved with at the WDDC:

- Housing
- Child Care
- Employment
- Meal Preparation
- Office/Administrative Support
- Outreach and Fundraising
- Classes/Workshops: _____

Volunteer Shift Request

New Volunteers are requested to donate at least one shift per week for 4 months.

There are two shifts available Monday through Friday. Please check the shift most appropriate for your schedule and list the days you are available at that time.

- 9-12:30pm: _____
- 12:30-4pm: _____

Personal Information

What and where is your current occupation or course of study?

Are you volunteering to meet a class requirement?

- Yes What class, school, semester, and year? _____
- No

Please list your experience and skills that might be helpful in volunteering with homeless women and children:

What do you hope to gain from your volunteer experience?

Please list your special interests, hobbies, talents and/or skills:

Some of our clients have mental health, substance abuse, and/or domestic violence issues. It is helpful for us to know if you have any personal experience with any of these issues yourself and/or with family or friends. _____

Volunteering at the Women's Daytime Drop-In Center can be emotionally challenging work. Please describe your support system and two different ways you engage in self-care:

Please list two references and their phone numbers:

1. Reference: _____ Phone: _____
2. Reference: _____ Phone: _____

Thank you for your interest in volunteering with us. We will get back to you as soon as we have reviewed your application. Please let us know if you have any further questions or concerns.

Warmly,

Susie Carter
Volunteer Coordinator
WDDC
volunteercoordinator@womensdropin.org
510.548.2884