

# The Black Women's Health Alliance (BHWa) Application for Volunteer

## 1. PERSONAL INFORMATION

Last Name			
First Name		Middle Name	
Prefix		Suffix	
Home (Mailing) Address			
City	State	Zip Code	Country
Home Phone Number		E-mail address	
How did you learn about the BWHa?  Health Fair:  Professional Reference  Partner Organization  Website  Other Event  Comments:		What is your race?  African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/>  Other : _____  _____  _____	
Have you been convicted of any crime associated with child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No  Gender <input type="checkbox"/> Male <input type="checkbox"/> Female  What is your age?			
Have you ever been employed by BWHa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from _____ to _____			

## 2. EDUCATION

Name and Address of Schools	Major or Specialty	Diploma or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
College		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Nursing, Trade or Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

## PROFESSIONAL LICENSURE OR CERTIFICATION

Type	State(s)
------	----------

## 3. EMPLOYMENT HISTORY

--



Employer –most recent current/previous)	Dates of Employment      From                      To
Employer Address	Brief Description of Your Duties
<b>4. SKILLS/LANGUAGES</b>	
Do you speak any other language than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate: _____	Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have access to a vehicle?  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. VOLUNTEER EXPERIENCE</b>	
Do you have previous volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	What would you like to accomplish through your volunteer experience with BWHHA?
What is your area of Interest (Please check all that apply)? Cancer _____ Drug/Alcohol Abuse _____ Domestic Violence _____ Diabetes _____ HIV/AIDS _____ Lupus _____ Mental Health _____ Reproductive Health _____ Comment: _____	What types of events would you like to participate in (Please check all that apply)?  Advocacy _____ Administrative Support _____ Public Relations _____ Grant Writing _____ Mentoring/Coaching _____ Technology _____  Comment: _____

<b>4. AUTHORIZATION</b>	
PLEASE READ CAREFULLY BEFORE SIGNING	
<ol style="list-style-type: none"> <li>I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief. I hereby grant the organization permission to verify such answers and investigate all references, and to conduct such further investigation as is necessary, including a local and national criminal record investigation identifying criminal convictions and/or drug tests. I understand that any false statements or failure to answer any question or complete information on this application may be considered sufficient cause for rejection of this application.</li> <li>As a volunteer, I hereby agree to abide by the practices of this organization and laws and regulations including, but not limited to, the Drug Free Workplace Act and the Immigration and Control Act of 1986.</li> <li>Statement of Liability-</li> <li>Agree to sign a conflict of interest statement.</li> <li>I understand and agree to comply with the above statements.</li> </ol>	
Applicant's Signature	Date