



## Contact Form

Are you interested in becoming a Women's Center volunteer? If yes, complete this form (Please print!) and mail it to the address listed at the end of the form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Comments:

### Preliminary Volunteer Contact Form (Check all that apply):

**I am currently:**

- Employed
- Retired
- A Student
- A Volunteer for another non-profit organization

**I have experience in:**

- Working with/caring for children
- Speaking in public
- Caring for companion animals
- Raising money for an organization
- Dealing with the legal system
- Painting, spackling and/or minor household repairs
- Office work (including answering telephones)
- Facilitating strategic planning
- Translating for people who don't speak English
- Interpreting for ASL speaker
- Designing and/or implementing marketing/public relations plans
- Writing grants
- Other



## Contact Form – Page Two

**I am available:**

- |                                 |                               |                                |
|---------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Monday    | <input type="radio"/> Daytime | <input type="radio"/> Evenings |
| <input type="radio"/> Tuesday   | <input type="radio"/>         | <input type="radio"/>          |
| <input type="radio"/> Wednesday | <input type="radio"/>         | <input type="radio"/>          |
| <input type="radio"/> Thursday  | <input type="radio"/>         | <input type="radio"/>          |
| <input type="radio"/> Friday    | <input type="radio"/>         | <input type="radio"/>          |
| <input type="radio"/> Saturday  | <input type="radio"/>         | <input type="radio"/>          |
| <input type="radio"/> Sunday    | <input type="radio"/>         | <input type="radio"/>          |

The Mid-Minnesota Women's Center volunteer coordinator will contact you with more information about volunteer opportunities and training upon the receipt of your contact form. If you have a preferred mode of contact, please indicate below:

- Phone: \_\_\_\_\_ (If different from above)
- |         |                               |                                 |                               |
|---------|-------------------------------|---------------------------------|-------------------------------|
| Which?: | <input type="radio"/> Home    | <input type="radio"/> Work      | <input type="radio"/> Cell    |
| When?:  | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
- Snail Mail
- Email

Please send completed form to the following:

Women's Center of Mid-Minnesota  
PO Box 602  
Brainerd MN 56401

Thank you for your interest in The Women's Center of Mid-Minnesota.