Volunteer Application

Your Information

Name _____ Date _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Why are you interested in volunteering at Women's Care Center?

Tell us about yourself (family, background, hobbies, interests, work and volunteer experience, etc.).

Please submit application by email to angela@wccnd.com or mail to
Women's Care Center • 103 University Drive N • Fargo, ND 58102

Your availability

Days/ times	Monday	Tuesday	Wednesday	Thursday	Friday
☐ Mornings					
☐ Afternoons					

✓ If Interested	Volunteer Opportunities
☐	Events
☐	Office Help
☐	Professional Photography
☐	Building and Grounds Maintenence
☐	Cleaning
☐	Crib Club
☐	Teach Parenting Classes
☐	Daycare During Parenting Classes

Office Use Only

Date Received: _____