



VOLUNTEER APPLICATION/INDIRECT SERVICE

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: (HOME) _____ (CELL) _____

(WORK) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

AVAILABILITY:

DAY(S): _____

TIMEFRAME: _____

Please note: most opportunities will be during business hours, Monday-Friday, 9:00 am-5:00 pm.

INTERESTS/SKILLS:

Please email completed application to: Elizabeth Isaacson, Volunteer Coordinator,
elizabeth.i@wcogd.org or mail the application to:
Women's Center, 2 West Street, Danbury CT, 06810
c/o Elizabeth Isaacson, Volunteer Coordinator