

## Volunteer for Women of Worth

Women of Worth is a 501 (c)(3) community benefit nonprofit organization that is supported almost entirely by the generosity of the local community. You can join in and provide help with volunteer time, material donations and financial assistance, both of which are tax deductible. There are several ways to help, including:

### I Want to Help and Volunteer!

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

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you don't want updates sent via email, please check here:   
The best way to contact me is by: Telephone  e-mail

Please check any of the following skills you could contribute to **Women of Worth**:

- \_\_\_\_\_ I would like to volunteer, but need "things to do" from home
- \_\_\_\_\_ I would like to volunteer whenever needed! Just ask!
- \_\_\_\_\_ I would like to be notified by e-mail or phone whenever a need arises
- \_\_\_\_\_ I would like to donate my expertise in a certain area: \_\_\_\_\_

My special skills or interests are (please check all that apply):

- Phone  Computer (Word, Excel, etc.)  Event Planning  Fundraising   
 Organization  Counseling or Mentoring  Landscaping  Cooking/Baking

Please list any certificates or licenses obtained:

a. \_\_\_\_\_ b. \_\_\_\_\_

What languages do you speak? (Please check all that apply)

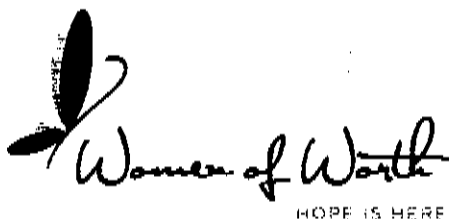
- English  Spanish  French  German  Russian  Chinese  Japanese

Other(s): \_\_\_\_\_

My references are:

_____	_____
Name	Phone
_____	_____
Name	Phone

Other ideas or projects you might suggest in helping our clients: \_\_\_\_\_



## Volunteer Opportunities

The following are current volunteer opportunities with **Women of Worth**. Please check any of the areas where you are interested in helping. A member of the **Women of Worth** team will contact you with more information. If you have ideas or interests not listed, please let us know and we will try to find a place for you.

### Volunteer Time

- Counseling Services
- Group Facilitators
- Client advocacy and support at Hetty's Haven (Training provided)
- Annual "Ho Ho Ho" Christmas Project – *November/December*
- Annual "Way Cool Back to School Project – *July/August*
- Baking (cookies, muffins, etc.) for special events and thank you's
- Deliver and monitor brochure holders and coin containers
- Fundraising (Solicit donations; assist in securing sponsor or pledges, etc.)
- Computer Tech assistance
- Help with community outreach events for **Women of Worth**
- Event Coordinating
- Craft Booths (Held frequently throughout the year)
- Office and clerical opportunities (Training provided)
- Resale store assistance (Sort, price and display items)
- Warehouse/storage unit. (Sort and organize donated items weekly or bi-weekly)
- I would like to volunteer my time by using my talent, special skills, interest or profession as a:

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i.e., computer technician, contractor, office cleaning, grant writer, handmade items, etc.

Frequency you wish to volunteer: Daily  Weekly  Monthly  Occasionally

### Material Donations

- For specific needs this month, see our current Wish List at [www.ihaveworth.org](http://www.ihaveworth.org)
- Household furniture, clothing, cleaning supplies, etc.

### Financial Assistance

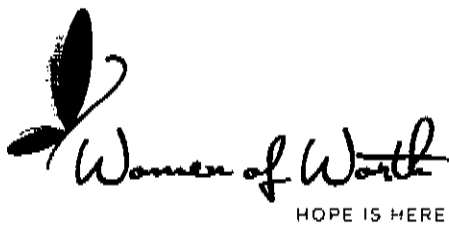
- Hetty's Haven: Room Sponsor
- Financial Assistance – Donations can be a one-time gift or a monthly gift
- Stocks or Real Estate
- Estate Plan
- Matched Giving

Date: \_\_\_\_\_

After completing this form, please email it to: [info@ihaveworth.org](mailto:info@ihaveworth.org); or fax it to (530) 272-8351.

Thank you for your interest in supporting **Women of Worth**!

For more information, visit us at [www.ihaveworth.org](http://www.ihaveworth.org).



## Volunteer Release of Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Women of Worth.

I recognize that as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: \_\_\_\_\_

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: \_\_\_\_\_

I agree that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: \_\_\_\_\_

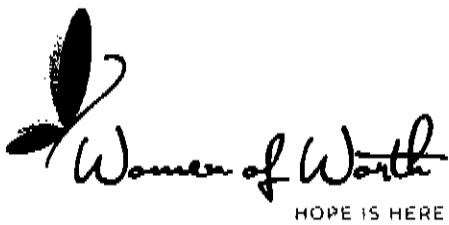
I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Women of Worth from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: \_\_\_\_\_

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid drivers license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: \_\_\_\_\_

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Volunteer Emergency Contact Information

Name \_\_\_\_\_

### HEALTH CARE PROVIDER

\_\_\_\_\_  
(Doctor's Name, Address, Phone #)

### EMERGENCY CONTACT PERSON(S)

\_\_\_\_\_  
(Name, Address, Phone #, relationship)

\_\_\_\_\_  
(Name, Address, Phone #, relationship)

### MEDICAL EMERGENCY TREATMENT

I hereby give Women of Worth permission to administer basic first aid and/or CPR and/or take me to a hospital for medical treatment when emergency contact cannot be reached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### INSURANCE INFORMATION (OPTIONAL)

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

Participating Hospital \_\_\_\_\_

Special Instructions \_\_\_\_\_