Birthright Volunteer Application

Name:			Are you 18 or older?		
Address					
Email	Phone (h	nome)	(cell)		
What's your highest lev	vel of education?				
How did you become in	iterested in voluntee	ring with Birthr	right?		
What experience, train	ing or skills do you ha	ave that may be	e helpful in your wor	k at Birthright?	
Birthright volunteers an not talk about clients o please initial.	r their situations with	_	_		
refer for abortion, or promission is prolife, hower understand following to	nancy and to parenting rovide information or ever we Do Not use so	ng moms. We an birth control of care tactics or good pectation of all	re not a medical fac or medical procedur graphic images at an I Birthright voluntee	ility; therefore we do not es. Our underlying y time. Do you ers? If so, please initial.	
There are many ways to are actually physically i YesNo			•	take monthly shifts and ested in doing this?	
Birthright of Winona has sheet for an explanatio					
Contributions Co	mmittee	Men	mbership/Network		
Supplies Commit	tee	Nom	ninating Committee		
Office Maintena	nce Committee	Sche	edulers		
Volunteer Educa	tion Committee	Stati	istics		
Publicity Commit	tee	Histo	orian		
Community Reso	urces Committee	Hosp	pitality Committee		
Other (specify b	elow)				