



**Volunteer Application**

Women's Recovery Center

6209 Storer Avenue

Cleveland, Ohio 44102

216/651-1450 Voice 216/651-4351 Fax

[empower@womensctr.org](mailto:empower@womensctr.org)

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

Last

First

Middle Initial

Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone: \_\_\_\_\_

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

Street Number

Apt. #

City

State

Zip

Email address \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date application completed : \_\_/\_\_/\_\_

Have you been convicted of any criminal offense? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide the date of the conviction and the circumstances \_\_\_\_\_

**Education/Credentials:** High School Diploma: Yes \_\_\_\_ No \_\_\_\_

College/Technical School Attended \_\_\_\_\_

College/Technical (Major): \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Special Studies/Skills (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

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

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

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

In signing this application, I am certifying that to the best of my knowledge the information that is provided is correct. I further understand that prior to an employment offer, I will be required to submit information necessary for a criminal history background check.

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

For Office Use Only:

Disposition: \_\_\_\_\_

Reference: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Orientation Date: \_\_/\_\_/\_\_ Training Date: \_\_/\_\_/\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_