

*Single Mothers*  
EMPOWERMENT CONFERENCE



**SINGLE MOTHERS EMPOWERMENT CONFERENCE, INC. (SMEC)  
VOLUNTEER APPLICATION**

NAME:

HOME ADDRESS:

MAILING ADDRESS (If Different):

EMAIL(S):

HOME #:

WORK #:

CELL #:

FAX NUMBER:

Call first before faxing? (Please Check) Y N

**EMERGENCY CONTACT:**

CONTACT NAME:

PHONE:

RELATION:

Do you have any allergies: If so, what and describe adverse reaction.

Do you have any limitations, physical or otherwise, we should be aware of?  Y  N

If so, please give brief description.

SMEC SEEKS DIVERSITY AND COMMITMENT IN ITS VOLUNTEERS. WE REQUEST THAT YOU ANSWER THE FOLLOWING INQUIRIES TO ASSIST US IN MEETING THESE GOALS:

GENDER: Female Male AGE: 18-29 30-49 50-69 70-80 older Must be at least 18.

**EMPLOYMENT INFORMATION**

OCCUPATION:

TITLE:

EMPLOYER/COMPANY NAME:

ADDRESS:

WHICH BEST DESCRIBES YOUR EMPLOYER?

- For-profit organization     Self-employed     Non-profit organization  
 Government organization     other:

Education: STUDENT  Y  N If Yes, Which Institution?  Undergrad  Grad  Masters  Doctorate

LIST THE SKILLS AND QUALITIES YOU WOULD CONTRIBUTE TO THE ORGANIZATION/EVENT.

- 1.
- 2.
- 3.
- 4.
- 5.

HAVE YOU EVER VOLUNTEERED WITH NON-PROFIT ?  YES  NO

PLEASE DESCRIBE ANY VOLUNTEER SERVICE AND ROLES YOU HAVE PROVIDED TO A NON-PROFIT ORGANIZATION

Please explain your interest in volunteering with SMEC events.

HOW DID YOU HEAR ABOUT SMEC/THIS OPPORTUNITY?

### Background

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgement), or are there any pending criminal charges awaiting a hearing ?  Yes  No

If so, Give brief description.

### References

List two people other than relatives who would be willing to serve as personal reference.

Reference #1

Name

E-mail Address

Phone #  
Reference #2

Name  
E-mail Address  
Phone#

**Please note that your electronic signature is the equivalent of your manual signature on this Application for Membership.**

Applicant Signature:

Application Date: