



Center for Black Women's
Wellness

Please complete this form and return to the following address with any necessary documentation:

Nadine Trotter
Center for Black Women's Wellness
477 Windsor St., SW, Suite 309
Atlanta, GA 30312

Phone 404-688-9202, ext.12
Fax 404-880-9435
nadine@cbww.org
www.cbww.org

VOLUNTEER APPLICATION

Name _____ Date _____

Home address _____ Date of Birth _____

City, State, and Zip _____

Home phone _____ Cell phone _____

Email address _____

Emergency Contact _____ Phone _____

Present or previous volunteer experience _____

How often would you like to volunteer and in what area? _____

Please indicate preferred days and times. _____

How did you hear about the Center for Black Women's Wellness? _____

What interests you about volunteering here at the Center? _____

Is there anything else that you would like for us to know about you? _____

Are you completing these volunteer hours for school or other community requirement? _____

If so, please complete the following questions:

School _____

Area of study and year _____

Requirements of volunteer experience (necessary hours, duties, etc.) _____

Supervisor's name, title, and phone number _____

With which program (s)/activities are you interested in being involved as part of your internship experience?

- Askable Adults Workshops (parent workshops)
- Summer Youth Leadership Training Program
- Wellness Program/Clinic
- Health Education (list topics of interest) _____
- Women's Economic Self-Sufficiency Program (micro-business training)
- Atlanta Healthy Start (case management and health education for pregnant and postpartum women)
- Other _____

Select any skills that you can provide:

- Marketing
- Data Entry
- Clerical/Administrative
- Receptionist
- Assistant to CEO
- Administrative Assistant to Program Coordinators
- Other _____

Availability (list actual times):

9am – 5pm	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

*Some programs meet in the evenings. Please specify which days you are available after 5 pm.

** Indicate if volunteering will be offsite.

The Center for Black Women's Wellness, Inc.
Confidentiality Agreement

Please read the following Confidentiality Agreement initial each statement and sign below.

1. As a volunteer/Intern with the Center for Black Women's Wellness, Inc. (CBWW) I may be exposed to, or have access to verbal and/or written information which is sensitive and personal in nature. I hereby agree not to disclose to anyone other than appropriate staff persons any matters of a private nature discussed by clients of the Center. I will respect the privacy of persons involved with the CBWW and their programs and will discuss any issues or concerns with my supervisor or the program coordinator. Further, I will use in a responsible manner any information gained in the course of my service at the CBWW. *Initial* _____
2. I have read and understand the foregoing policies and agree to abide by them during my term at CBWW. I further understand that a breach of confidentiality is in violation of this agreement and will result in immediate dismissal. *Initial* _____
3. I hereby agree not to discuss CBWW matters with the media without prior approval of my supervisor. *Initial* _____
4. I understand that all materials given to me are property of CBWW and will be returned upon my leaving the program, unless given written permission by CBWW. Materials are not to be reproduced without the expressed permission from CBWW. *Initial* _____

Volunteer/Intern Signature _____ Date _____

Volunteer/Intern Name (print) _____