



Office Use Only:
Application Approved
Approval Date _____

Women in Transition Small-group Volunteer Application

General Information (Please Print)

Date ____ / ____

/ ____

Legal Name: _____
First Middle Last Maiden

Age: ____ DOB: ____ / ____ / ____ Sex: M / F Race/Ethnicity: _____

Address: _____
Number/Street/Apt.# City Zip Code

Primary phone: _____ Alternate phone: _____

Work phone: _____ Email: _____

Best way/times for WIT staff to contact you (check all that apply):

- ___ Phone ___ Email
- ___ Work ___ Home (___ Day / ___ Night)
- ___ Any Day ___ Monday ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Marital Status: (check one)

- ___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

If divorced or widowed, how long?

***Are you applying as a married couple?** If so, Spouse's name:

If married or engaged, and not applying as a couple, how does your significant other feel about your potential involvement and time commitment in the program?

Do you have dependents living in the home? Y / N If so, what ages? _____

* * * * *

Emergency Contact Information

Name: _____ Relationship: _____

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Primary phone: _____ Alternate phone: _____

Faith Practices

Where do you attend church? _____
Name City

How long have you attended there? _____

Pastor's Name/Contact number: _____

Where did you previously attend? _____
Name City

Describe the spiritual disciplines you practice for your continued Christian spiritual growth and development? (e.g., how often you read scripture, groups you may participate in)

Personal Experience

Yes No Were you ever incarcerated?

Yes No Were you ever in foster care?

Yes No Did you ever live outside your biological family's home in a different arrangement?

Yes No Have you ever been involved in a mentoring program?

If so, where and when? _____

*Please include references from any previous mentoring organization in the reference section of this application.

1. How many siblings lived with you in the home and what was your position in the sibling group (e.g., middle child)?
2. Who do you credit as primarily raising you (e.g., parents, single parent, aunt)?
3. Why are you interested in being a spiritual mentor to a woman in transition?
4. Describe any experiences you have had with mentoring or supporting individuals?

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5. What other community activities (clubs, organizations), if any, are you involved in?

6. How comfortable would you be in openly sharing your own struggles and needs within the small-group family?

7. Do you have a mental health diagnosis that requires regular medication or counseling therapy? ____ If so, how long have you been consistent/compliant in your health care regimen?

8. Have you ever had a history of substance abuse?
 If yes, how many consecutive years have you been in a non-addictive period? _____
 What was the nature of your addiction?

Schedule / Availability Information

1. Can you offer and do you agree to offer at least 6 hours per month of face-to-face time with your Neighbor? ____ Yes ____No (6 hours is our *minimum* requirement)

2. Can you offer and do you agree to contact your Neighbor at least once per week via text, email or phone? ____ Yes ____No

3. Do you plan to stay in the immediate area for at least one year from the start of this program? ____ Yes ____No

4. If engaged, when do you plan to get married?

What days are you AVAILABLE to meet with your Neighbor?

Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:							

What days/times are you ABSOLUTELY NOT available to meet with your Neighbor?

Days:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Times:							

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Business Contact Information

Occupation: _____

Present Employer: _____ How long? _____

Business Address: _____

Supervisor Name: _____ Phone: _____

If you have been with employer for less than one year, please provide your previous employer/company name and contact number:

Employer: _____ Phone: _____

Reference Contact Information

In addition to your Pastor and Employer information provided elsewhere in this application, please provide two additional references as described:

Non-Family Reference

Name:	Phone:
Email:	Alt Phone:
Relationship:	Years Known:

Family Reference; Living OUTSIDE the home

Name:	Phone:
Email:	Alt Phone:
Relationship:	Years Known:

Please notify your references that we will be contacting them. Our inability to reach them will delay the processing of your application.

How did you learn of the Women in Transition/Stand in the Gap Program?

___ Church ___ Friend/Co-worker ___ SITGM website ___ Newspaper

___ Current/Former WIT Participant (Name: _____)