



Women's Coalition of St. Croix
Volunteer Application

Thank you for considering WCSC for volunteer opportunities. Please return the completed form to our Main Office/Crisis Center.

Name: _____
Last First Middle

Address: _____

Home Telephone: _____ Work Telephone _____

Cell Phone: _____ Email: _____

Driver's License #: _____ Date of Birth: _____

Please circle the days you would be available for volunteer work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Have you been convicted of a felony or released from prison in the last ten years? Yes ____ No ____

Have you been convicted of a misdemeanor other than minor traffic offenses in the last three years? Yes ____ No ____

If yes, please explain: _____

References (Do not list relatives)

Name: _____

Address: _____

Name: _____

Address: _____

Do you have any medical, physical, emotional or mental health conditions that should be considered in arranging your volunteer service? If yes, please explain:

Emergency contact:

Name: _____

Telephone Number: _____ Relationship: _____

Main Office/Crisis Center: 45 Fisher St., Christiansted
Mailing Address: P.O. Box 222734, Christiansted, VI 00822-2734
Telephone/24-hour hotline: (340)773-9272 Fax: (340)773-9062
Email: info@wcstx.org Web: wcstx.org FB: [fb.com/wcstx](https://www.facebook.com/wcstx)