Volunteer Interest Form

Empowering individuals, strengthening families, transforming generations

PEOPLE - PURPOSE - SERVICE - COMMUNITY - IMPACT

Men & Women of Character Organization
A 501(c)(3) nonprofit serving Metropolitan Trenton, NJ since 2014
Phone: 909-220-8589 | www.mwcotnj.org

Thank you for your interest in serving with us. Our volunteers help empower youth, strengthen families, support adults, and honor elders throughout the Trenton community. Please complete this form and our team will follow up about opportunities that fit your interests and availability.

1. VOLUNTEER INFORMATION

FULL NAME

PREFERRED NAME (OPTIONAL)

PHONE

EMAIL

STREET ADDRESS

CITY

STATE

ZIP

PREFERRED CONTACT METHOD

- ☐ Phone call
- ☐ Text message
- ☐ Email

AGE GROUP

- ☐ Adult (18 or older)
- ☐ Under 18 (parent/guardian consent required, page 2)

HOW DID YOU HEAR ABOUT MWCO?

2. EMERGENCY CONTACT

CONTACT NAME

RELATIONSHIP

PHONE

3. WHERE WOULD YOU LIKE TO HELP?

Check all that apply

PROGRAMS

- ☐ Youth Programs (B.O.L.D., G.L.O.W., Y.A.C., Y.E.S.)
- ☐ Gents & Jewels of Character
- ☐ Men of Integrity & Character
- ☐ Elders of Wisdom, Legacy & Character
- ☐ Sharing Our Ruby Program
- ☐ Community Support & Outreach
- ☐ The Cool Aunts Club
- ☐ Women of Strength & Character

EVENTS AND SUPPORT ROLES

- ☐ Serenity & Slay Health and Beauty Expo
- ☐ Queen Fix Your Crown
- ☐ Hats n Heels
- ☐ Registration / check-in table
- ☐ Photography or videography
- ☐ Setup, teardown, and hospitality
- ☐ Marketing, social media, and communications
- ☐ Fundraising and sponsor outreach
- ☐ Administrative and office support
- ☐ Event committee or working group

OTHER (PLEASE DESCRIBE)

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VOLUNTEER NAME

Please return both pages of this form.

4. SKILLS, EXPERIENCE, AND AVAILABILITY

WHY WOULD YOU LIKE TO VOLUNTEER WITH MWCO? (OPTIONAL)

SKILLS, PROFESSIONAL BACKGROUND, OR CERTIFICATIONS

PREVIOUS VOLUNTEER EXPERIENCE (OPTIONAL)

GENERAL AVAILABILITY

☐ Weekday daytime ☐ Weekday evenings ☐ Saturdays ☐ Sundays ☐ Event days only ☐ Flexible

HOURS PER MONTH YOU CAN OFFER

DATES OR TIMES YOU ARE NOT AVAILABLE

5. VOLUNTEER AGREEMENT

1. I understand that volunteering is unpaid and that MWCO is a working organization. I will honor the commitments I accept and give notice as early as possible if I can no longer serve.

2. I understand that confirmed volunteers are contacted by email, phone, or text ahead of each event, and I agree to respond so my attendance can be confirmed.

3. I agree to represent MWCO with respect, integrity, and good character, and to follow the direction of staff and event leadership.

4. I understand that volunteers who work directly with youth may be asked to complete a background screening and provide references before serving.

5. I understand that the information on this form is used only to coordinate volunteers and is kept confidential.

☐ Optional: I give MWCO permission to use photos or video of me from its events in print, web, and social media.

By signing below, I confirm that the information I provided is accurate and that I agree to the statements above.

PRINTED NAME

VOLUNTEER SIGNATURE (TYPE YOUR NAME OR SIGN)

DATE

PARENT / GUARDIAN CONSENT

Required if the volunteer is under 18

I am the parent or legal guardian of the volunteer named above. I give permission for my child to volunteer with MWCO and, where applicable, to be photographed at events and to travel to MWCO activities.

PARENT / GUARDIAN NAME

RELATIONSHIP

PHONE

PARENT / GUARDIAN SIGNATURE (TYPE YOUR NAME OR SIGN)

DATE

FOR OFFICE USE ONLY

DATE RECEIVED

RECEIVED BY

PROGRAM / EVENT ASSIGNED

SCREENING STATUS