

*Allentown Women's Center*  
**VOLUNTEER APPLICATION - ESCORT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Are you pro-choice?  Yes  No

2. What excites and interests you about escorting at AWC?

3. When are you available to escort at AWC? (Check all that apply)

Tuesdays 7:45am-11am  Thursdays 7:45am-10am  Saturdays 7:45am-11am

Other specific dates / times:

\_\_\_\_\_

4. How often do you want to escort?

Daily  Weekly  Bi-weekly  Monthly  Other \_\_\_\_\_

5. When can you start? \_\_\_\_\_

6. How do you feel about protesters?

7. Is there anything about the services we provide that you think would make you uncomfortable or unable to work here?  No  Yes – Explain below:

8. Are you employed currently?  No  Yes – Where and what do you do?

9. Education history – Please list highest level of education completed, where attended, and degree received

10. What special skills and strengths do you have that you think would make you a good escort?

11. Are you willing to undergo a background check?  No  Yes

12. Have you ever escorted before?  No  Yes – If yes, where and when?

13. References:

Name	Phone #	Relationship and # of years acquainted
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1.

2.

3.

Signature \_\_\_\_\_ Date: \_\_\_\_\_