



Facilitator Volunteer Application Form

Semester for which you are applying for (i.e. Fall 2011): _____

Mandatory Attendance Dates:

Training Day held at UCF
Wednesday Meetings, 3:15 pm-4:45 pm
Facilitator Meetings every week for 1 hour
UCF Day
Alumni Events (held on the weekends)

There is a minimum commitment of **one semester** as a Facilitator.

Please print this form and return it to the Women's Studies Office, CNH 118.

A. Please Print the Following Information:

Full Name: _____

Name you prefer (nickname): _____

Date: _____ Age: _____

Current Address: _____

Email Address: _____

Phone Number: _____

Major(s): _____

Minor (s): _____

GPA (Cumulative): _____

Year in School: _____

Emergency Contact Name and Relation: _____

Emergency Contact Phone Number: _____



UCF Women's Studies Program: Young Women Leaders Program

4000 Central Florida Blvd., P.O. Box 161994, Orlando, FL 32816

407.823.6502•ywlp@ucf.edu

A. YWLP History:

Please list which semester(s) you were a big sister and which group you were in:

Note any comments about your relationship with your Little Sister.

B. Free Response:

Please respond to the following questions in a 2-3 paragraph essay (on a separate page):

- What do you see as the main job of a facilitator?
- What skills does a facilitator have? How have you developed those skills?
- What other extra-curricular commitments do you have and how much time is required for each? How will you manage your time commitment to YWLP given your other activities?



C. References:

The people who can best attest to your potential as a leader in YWLP are the women who have seen you each week in your group meetings. Please provide the name(s) and phone numbers of your:

- Current/ Most Recent Group Facilitators:

- 2 Big Sisters in your group:

D. Expectations for YWLP leaders:

- Bi-weekly one and a half hour Big Sister meetings to provide ongoing support throughout the semester
- Bi-weekly mentoring session with middle school Little Sisters and UCF Big Sisters
- Coming to all informational sessions, interviews, and outside events you are scheduled for

E. Statement Concerning Criminal Record

I certify and warrant that I have not been convicted of any offense involving child abuse or sexual or physical misconduct with a minor, nor have I been convicted on any felony. In addition, I recommend the following three people as character references for me:

1. Name and Relation: _____

Address: _____

Phone Number: _____

2. Name and Relation: _____

Address: _____

Phone Number: _____

3. Name and Relation: _____

Address: _____

Phone Number: _____

Signature _____ Date _____



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F. Liability Statement

In completing this application, I understand and acknowledge that I am acting in the capacity of a volunteer with, not an employee of, the University of Central Florida. Accordingly, I hereby assume full and complete responsibility for my own actions taken while participating, or acting as a volunteer. I understand that the University is not responsible to me for any personal injury, property damage, or loss that may arise out of my participation in this program. In consideration for being permitted to volunteer, I agree to hold the University harmless from any liability caused by my acts or omissions as a volunteer.

Signature _____

Date _____

If you have any questions or concerns, please contact the YWLP Coordinator at ywlp@ucf.edu or call the Women's Studies Program at 407-823-6502.

Thank you for your interest in becoming a YWLP Facilitator!