

**eliminating racism
empowering women
ywca**

VOLUNTEER APPLICATION FORM

OFFICE USE ONLY
Interview Date: _____
Activity Code: _____
Supervisor: _____
Orientation/Start Date: _____

(Please Circle one)
Name: (Ms. Miss Mr. Mrs. Other _____): _____
(Please Print)
Address: _____
City: _____ State: _____ Zip: _____
Phone: (Day) _____ (Evening) _____
Fax: _____ Email: _____
Age: _____ Birthdate: _____ Ethnicity: _____

Are you a current YWCA member: YES NO
If no, are you interested in becoming a YWCA member? YES NO

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH THE YWCA?

To help us track our volunteer recruitment efforts, please let us know where you heard about this volunteer opportunity:

Membership Information Card/Form Referred by a YWCA employee School/College Counselor/Newspaper
 Government Agency: (Please provide name of agency): _____
 Other: (Please list) _____

EDUCATION: (Please Check (✓) One) High School GED College 1 2 3 4 Grad School

In the spaces below, please check all areas that apply:

My interests are:

teaching someone a new skill/subject
 listening to/counseling someone in need
 mentoring someone in need of a good role model
 using professional/ recreational skills/hobbies to help others

I would like to work:

on my own/in a situation where I have lots of freedom
 as part of a group that I organize
 as part of a group that someone else organizes

through my College/University: _____
 through my Major Field Department: _____
 Through my Sorority/Fraternity: _____ (Area of Study)

Through my involvement I hope to:

put ideas to work
 develop new skills
 sharpen skills I already have
 make new connections
 use skills I am learning to develop in college
 learn more about issues in my community
 do something positive
 feel positive about something that I have had input into

In the space below, please feel free to share any additional information about your volunteer interests/goals:

In the space below, please list any special skills, workshops, internships or related work experience:

PREVIOUS VOLUNTEER OR WORK EXPERIENCE:

EMPLOYER: _____

Address: _____

Occupation: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Address: _____ Phone: _____

PREFERRED PLACE TO BE TAKEN FOR EMERGENCY MEDICAL CARE: _____

AVAILABILITY: (Please mark all of the times that you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

ADDITIONAL/OTHER AVAILABILITY:

- Special Projects as needed

PREFERRED TYPE OF WORK: (Please check all that apply)

- Children's Programs
- Senior Programs
- Special Events (Please Specify): _____
- Health/Recreational (Please Specify): _____
- Other (Please Specify): _____
- Committees
- Office/Secretarial - (Type _____ wpm)

YWCA ZERO TOLERANCE POLICY:

The YWCA, in adherence to its mission, will not tolerate any discriminatory behavior and/or acts, whether on or off the YWCA premises, from staff, members, volunteers, donors or participants. It is the expectation of the YWCA that all people will be treated with dignity and respect and that their actions will reflect sincerity and integrity. Any violation of this policy or actions that are not in adherence to the policy can lead up to and may include terminations of, employment and/or association with the YWCA.

Signature

Date