

Name: _____ Date of Birth: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Preferred method of contact: _____

Currently Employed? Yes _____ No _____

If yes, where? _____

- Weekday mornings Weekend mornings
- Weekday afternoons Weekend afternoons
- Weekday evenings Weekend evenings

Interests

Overall YWCA

- Event set-up
- Office Assistance
- Painting, landscaping, etc.
- Gardening
- Holiday Helper

Child Center

- Cleaning/Organization
- Reading stories
- Playing with children
- Assisting teachers

Domestic & Sexual Assault Services

- Resident mentor
- Housekeeping
- Meal Preparation
- Donation Sorting
- Childcare for residents' children
- Translator
- Foster Pet Care
- Crafts and Skills Training
- Hospital Accompaniment

What is your past volunteer experience?

Do you have a high school diploma or GED? Yes _____ No _____

Have you attended a college, university, or trade school? Yes _____ No _____

Degree or certificate earned: _____

Please list any additional training, hobbies, and/or skills that you feel would be beneficial in your volunteer work:

References

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Signature indicates your approval for YWCA staff to check references. YWCA, individual programs, or affiliates, are not obligated to provide a placement, nor are you obligated to accept any position offered.

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