

Volunteer Application



Date: _____

Name: _____

Date of Birth: _____ Age: _____ SS # _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____

Work Phone #: _____ Place of Employment: _____

Cell Phone #: _____

Best to reach me:

Home Work Cell

Mornings Afternoon Evenings

E-mail Address: _____

Emergency Contacts

Name: _____ relation: _____ Phone #: _____

Name: _____ relation: _____ Phone #: _____

Volunteer Information

Days you can volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of hours you can work per week: _____

I would prefer training: Weekday evenings or Saturday

Where would you like to volunteer?

Board of Directors

Board Committees (Youth, Endowment/Fundraising, Crisis Center/Halfway House, Strategic Planning and Public Policy)

Crisis Center General

Sexual Assault Response Advocate (Crisis Center)

Children's Learning Center

Youth & Education Programs

Special Events

My Sister's Closet

Office Assistant/Maintenance

Do you have any special skills that would benefit our clients?

(i.e. bilingual, cooking, sewing, finances, parenting, etc)

Education Background (degrees, certifications, courses taken, etc)

Why do you want to be a volunteer at the YWCA?

Explain why you feel you might be beneficial to our program – personally and professionally.

How did you hear about volunteer opportunities at the YWCA?

References

Name: _____ Address: _____
Phone # _____

Name: _____ Address: _____
Phone # _____

Personal History – IMPORTANT

Have you ever been abused by anyone in your lifetime? ___Yes **or** ___No

If yes, did you ever receive counseling: ___Yes **or** ___No

Have you worked through the abuse? ___Yes **or** ___No

I give consent to the YWCA Enid to verify any information on this form and to contact persons listed as references. I understand that there are screening and training procedures involved in becoming a volunteer and am willing to participate in these.

Signed: _____ Date: _____