



VOLUNTEER APPLICATION FORM

Name		Date	
Address		Date of Birth	
City & State		Zip Code	
Home Phone		Work Phone	
Email		Cell Phone	

1. Are you a student? Yes ___ No ___	Currently Employed? Yes ___ No ___
What school do you attend?	Job Title / Position:
What grade / year are you in?	Name of Company / Employer:

2. Why are you interested in volunteering with the YWCA?

How did you hear about the YWCA?

3. Have you done volunteer work at another non-profit organization? Yes ___ No ___

If yes, where and what did you do?

4. When are you available to volunteer and for how long?

Time of day _____ Days of the week _____

For how long?

Areas of Interest

Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Answering Telephone | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Play Piano |
| <input type="checkbox"/> Athletic Coach | <input type="checkbox"/> Grant-writing | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Handicrafts | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Handle Money | <input type="checkbox"/> Research |
| <input type="checkbox"/> Children - Special Education | <input type="checkbox"/> Handwrite Letters/Cards | <input type="checkbox"/> Scrapbooking |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Serve on Boards/Advisory Panel |
| <input type="checkbox"/> Disabled Adults | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Set up / tear down |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Facilitator/Instructor | <input type="checkbox"/> Mailings Preparation | <input type="checkbox"/> Tech Instructor |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Marketing | <input type="checkbox"/> Teen Mentor |
| <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Media | <input type="checkbox"/> Transport Volunteers |
| <input type="checkbox"/> Games & Crafts with Children | <input type="checkbox"/> Office Filing | <input type="checkbox"/> Tutor Children |
| <input type="checkbox"/> Games & Crafts with Seniors | <input type="checkbox"/> Phone Calling | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Photography | |

List all other skills, hobbies and interests.

For YWCA office use only.

Comments: