

YWCA VOLUNTEER APPLICATION

PART A	PERSONAL INFORMATION
NAME	DATE
ADDRESS	
CITY	STATE
ZIP	
DAY PHONE	EVENING PHONE
EDUCATION COMPLETED: <input type="checkbox"/> High School <input type="checkbox"/> College: ___2-yr. ___4-yr. ___Masters ___Other	
ARE YOU 55 YEARS OF AGE OR OLDER? <input type="checkbox"/> No <input type="checkbox"/> Yes (You may qualify for RSVP. Please complete PART C on reverse side.)	
I am interested in the following volunteer area(s):	
<input type="checkbox"/> My Sister's Closet (pre-owned women's clothing shop) <input type="checkbox"/> Special Events (registration table, publicity, food preparation) <input type="checkbox"/> Office (typing, answering phones, computer use) <input type="checkbox"/> Building & Grounds (mowing, flowers, painting) <input type="checkbox"/> Childcare (YW or new court house facility) Please complete PART B below. <input type="checkbox"/> Domestic Violence (volunteer advocate) <input type="checkbox"/> Other (specify your interest): _____	
WORK EXPERIENCE: _____	
VOLUNTEER EXPERIENCE: _____	
PART B	CHILDREN'S CENTER VOLUNTEERS
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When was your last physical? _____	
What is your general health condition? _____	
Do you know of anything that might prevent you from working with children?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	
Has there ever been a founded CPS (Child Protective Services) report filed against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any experience with children? Please describe.	
Please list three character references (other than family members).	
NAME	RELATIONSHIP
YEARS KNOWN	PHONE
NAME	RELATIONSHIP
YEARS KNOWN	PHONE
NAME	RELATIONSHIP
YEARS KNOWN	PHONE