

Volunteer Application

Revised 12/7/2012

Personal Information - Please print all information on this application.

Date: _____ **Name:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Email Address:** _____

Emergency Contact: _____ **Phone:** _____

(For background check) **Gender:** Male Female **Date of Birth:** _____

YWCA Volunteer Information

What length of time would you like to volunteer for the YWCA?

- | | |
|---|--|
| <input type="checkbox"/> One month or more | <input type="checkbox"/> A year or more |
| <input type="checkbox"/> Six months or more | <input type="checkbox"/> On call/as needed |

Check the amount of time you would like to volunteer per week:

- | | |
|---|--|
| <input type="checkbox"/> 1-2 hours per week | <input type="checkbox"/> 8+ hours |
| <input type="checkbox"/> 2-4 hours per week | <input type="checkbox"/> On call/as needed |
| <input type="checkbox"/> 4-6 hours per week | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 6-8 hours per week | |

When would you like to volunteer? (Please check days and times you are available)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning (8 am-noon) |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon (noon-4:00 pm) |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evening (4:00-8pm) |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Night (8pm-midnight) |
| <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Weekends | |

Please check the type(s) of volunteer work that interests you:

- | | |
|--|---|
| <input type="checkbox"/> Children's Programs | <input type="checkbox"/> Computer Lab Assistance |
| <input type="checkbox"/> Data Entry/Clerical | <input type="checkbox"/> Special Events & Fundraising |
| <input type="checkbox"/> Committees/Board of Directors | <input type="checkbox"/> Translation/Interpretation |
| <input type="checkbox"/> Groundskeeping/Gardening | <input type="checkbox"/> Tutoring After School |
| <input type="checkbox"/> Racial Justice | <input type="checkbox"/> Shelter Volunteer Advocate |
| <input type="checkbox"/> Skilled Trades | <input type="checkbox"/> Other _____ |

Professional Experience

Company Name: _____

Job Title: _____

In what areas do you have professional experience?

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Information Management |
| <input type="checkbox"/> Advocacy/Organizing | <input type="checkbox"/> Law, Government & Public Administration |
| <input type="checkbox"/> Commercial Real Estate | <input type="checkbox"/> Marketing, Media & Public Relations |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Nonprofit & Human Services |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Finance/Investments | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Senior Management/Business |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Technology, Engineering & Science |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Human Resources | |

Previous Volunteer Experience

Please include organization, position and supervisor's phone/email

Have you ever volunteered or worked for the YWCA before? Yes No

Language Skills

Do you speak languages other than English? If so, what languages do you speak?

What is your level of fluency? Native speaker Excellent Moderate

YWCA Services

Have you ever received services from YWCA Rock County? Yes No

If yes, what service did you receive and when did you receive it? _____

Background

Do you have any charges or convictions, other than minor traffic violations? Yes No

(Pending charges or convictions will not be used or considered unless they are substantially related to the volunteer position.)

If yes, please list charges/convictions: _____

Personal References

Please list a minimum of three personal references.

1) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

2) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

3) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

Our Mission

YWCA Rock County is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

Our Values

- Accept and respect personal differences
- Show kindness, compassion and caring
- Support each other, so we function as a team of top performers
- Build connections in a passionate pursuit of our mission
- Demonstrate personal and professional integrity

Signature

Your signature affirms that all the information on this application is true to the best of your knowledge. It also affirms that you agree that any false statement, misstatements, or omission may lead to the discontinuance of your involvement with the YWCA.

Name

Date

Only complete applications will be considered.

Please return this application to:

YWCA Rock County
1735 S. Washington St
Janesville, WI 53546

(For office use only) References check _____ Background check _____ Kintera _____