

# Volunteer Application

eliminating racism  
empowering women  
**ywca**

|                                 |
|---------------------------------|
| Office Use Only:                |
| _____ Application Received      |
| _____ Contacted for Orientation |

Date: \_\_\_\_\_

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Profession: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Volunteer Information

**Are you volunteering to fulfill an organizational, class, or degree requirement?**

\_\_\_\_ Yes \_\_\_\_ No

**When would you prefer to volunteer?**

Weekdays \_\_\_\_ Evenings \_\_\_\_ Weekends \_\_\_\_ How many hours per visit? \_\_\_\_\_

**Would you be willing to volunteer on a regular basis? \_\_\_\_\_ If so when?**

Weekly \_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_ How many hours per visit? \_\_\_\_\_

**What areas of volunteering interest you?**

\_\_\_\_ Crisis Center

\_\_\_\_ Sexual Assault Response Advocate (SARA's require an additional training of 40 hours)

\_\_\_\_ My Sister's Closet (Thrift Store)

\_\_\_\_ Board of Directors

\_\_\_\_ REFLECTIONS Halfway House

\_\_\_\_ General Office/Maintenance

\_\_\_\_ Youth Programs (Girl Power!)

**How did you hear about the YWCA Enid?**

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to volunteer for the YWCA Enid?**

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**What skills, training or knowledge do you wish to utilize at YWCA Enid?**

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**Are you bilingual? Yes \_\_\_\_ No \_\_\_\_ If yes, language(s): \_\_\_\_\_**

**Personal History – IMPORTANT**

**Have you been convicted of a felony within the past five years? \_\_Yes or \_\_No**

**If YES, please explain:**

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**Have you experienced a serious trauma in your lifetime? \_\_Yes or \_\_No**

**If YES, do you fear this could interfere with your work here? \_\_Yes or \_\_No**

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*I give consent to 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 I am willing to participate. I hereby attest that the above information is true to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian signature if under 18 years old