

eliminating racism empowering women ywca

annapolis and anne arundel county

volunteer application form

For Internal Use Only

Date of Application: _____

Date of Placement: : _____

Orientation Date: _____

Program Assignment: : _____

Follow-Up: _____

Name: _____, _____
Last First M.I.

Address: _____
Street./ P. O. Box City/State Zip

Phone: _____
Day Evening E-Mail

IF YOU ARE WORKING: Employer: _____ Occupation: _____

Does your employer have a formal volunteer program? ____ Yes ____ No

Does your employer offer volunteer assistance grants to organizations where employees participate as volunteers? ____ Yes ____ No

IF YOU ARE A STUDENT: School _____

Are you under the age of 18? ____ Yes ____ No

EDUCATION: ____ High School ____ College ____ College Grad ____ Other

Please describe past and present volunteer experiences (If you have a resume and would like to share it, please attach to this application).

Why are you interested in volunteering?

How do you personally hope to benefit from your volunteer experience?

Please list Skills/Knowledge/Expertise you have that you would like to share with the YWCA:

Computer Literacy : (Word, Excel, Access) Web Design Data Entry

Marketing: Fundraising Public Relations Special Events Finance

Foreign Languages: Spanish Korean Vietnamese Other

Other Skills: _____

PLEASE INDICATE HOURS AVAILABLE

GEOGRAPHIC LOCATION PREFERRED

Monday _____
Tuesday _____
Wednesday _____
Sunday _____

Thursday _____
Friday _____
Saturday _____

_____ Arnold
_____ Odenton

_____ Annapolis
_____ West County

Volunteers are involved in a variety of areas. **Please indicate the type of positions in which you are interested.** This will assist us in locating a match for your interests.

Domestic Violence Shelter

_____ Man Crisis Hotline
_____ Minor painting and/or repairs
_____ Assist with child care

_____ Cooking Activities
_____ Gardening, Yard work
_____ Teach a class or workshop

Sexual Assault and Crisis Hotline

_____ Man Crisis Hotline
_____ Accompaniment for sexual assault victims to a hospital or other medical provider
_____ Legal accompaniment

Legal Services

_____ Assist clients at local courthouses (substitute Civil Advocates)

Educational Services (for adults & youth)

Youth Services (requires background check)

_____ Teach a class or workshop
_____ Tutor adults at West County Branch
_____ Be a mentor (special needs children)
_____ Facilitate support group or workshop
_____ Share professional expertise (please specify): _____
_____ Tutor at middle-school after school program
_____ Share a special talent or hobby with middle school students: _____

_____ Assist with infant child care
_____ Chaperone activities for children
_____ Babysit for classes/workshops

Special Events

Office Assistance

_____ Help Organize and plan events
_____ Assist on day(s) of events

_____ Mailings
_____ Receptionist
_____ Data Entry
_____ Filing
_____ Bldg/Yard Maintenance

PERSONAL REFERENCE: Name someone, not related to you, who has knowledge of your qualifications. Please provide complete addresses and phone numbers.

1. Name: _____ Relationship: _____

Address: _____

Phone: Day _____ Evening: _____

2. Name: _____ Relationship: _____

Address: _____

Phone: Day _____ Evening: _____

Have you been convicted of a misdemeanor or a felony in the last seven years? Y___ N ___
If yes, please give date, nature and disposition of offense:

Please note: A criminal record will not necessarily prevent an applicant from being a volunteer. A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying.

I authorize the contact of listed references. I understand that the misrepresentation or omission of information requested is just cause for non-appointment as a YWCA volunteer. If appointed as a volunteer, I agree to abide by the policies of the YWCA and to fulfill the volunteer responsibilities to the best of my ability.

Applicant Signature _____ Date _____

PLEASE RETURN TO:

Volunteer Coordinator
YWCA
1517 Ritchie Highway, Suite 201
Arnold, MD 21012

FOR OFFICE USE ONLY	
Assignment:	_____
Staff Manager :	_____ Phone: _____
Start Date:	_____ Schedule: _____