

**eliminating racism
empowering women
ywca**

of Wenatchee Valley
212 First Street
Wenatchee, WA 98801-2216
Phone: (509) 662-3531

VOLUNTEER APPLICATION FORM
(Please Print All Information)

Name: _____
(first name) (last name)

Street/Box: _____

City/State/Zip: _____
(city) (state) (zip)

Home Phone: _____ Email: _____

Present Occupation: _____

Employer: _____

Business Address: _____

Work Phone: _____ Cell phone: _____

Questions #1, #2, and #3 are optional information requested in order to meet reporting requirements of the National YWCA.

- | | |
|------------------------|--------------------------|
| 1. Age: _____ Under 18 | 2. _____ American Indian |
| _____ 18-30 | _____ Asian |
| _____ 31-40 | _____ African American |
| _____ 41-50 | _____ Hispanic |
| _____ 51-65 | _____ Caucasian |
| _____ 65+ | _____ Other |

3. Date of Birth _____ / _____ / _____

4. Are you a current member of the YWCA? _____ yes _____ no

5. Languages you speak (other than English): _____

6. If you are representing an organization, please list: _____

7. Other organizations you are volunteering with: _____

8. Previous organizations you have volunteered with: _____

9. What do you hope to gain from volunteering with the YWCA? : _____

10. Do you prefer working alone? _____ In groups? _____

11. What training or work experience have you had that would be helpful in working as a YWCA volunteer (paid or unpaid volunteer)?

12. If you have been employed outside your home, list two positions that you enjoyed doing:

a. _____
(date) (organization) (location)

(supervisor) (phone) (reason for leaving)

b. _____
(date) (organization) (location)

(supervisor) (phone) (reason for leaving)

13. Do you have transportation? _____yes _____no

14. Do you have a truck or trailer that could be used in YWCA projects? ____yes ____no

15. Special Skills: _____

Hobbies: _____

16. Physical Limitations: _____

17. Physician: _____
(name) (phone)

18. Emergency Contact Person: _____

(relationship to you) (home phone) (work phone)

Please fill out the days and times you will be available and volunteer. Thank You!

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

OTHER SKILLS I WOULD LIKE TO SHARE WITH THE YWCA: _____

CLASSES I FEEL QUALIFIED TO TEACH: _____

Signature: _____

Date: _____

The YWCA reserves the right to refuse volunteers in any of the programs as deemed necessary.