

VOLUNTEER APPLICATION

I. Contact Information

Name: _____

Address: _____

Email: _____ Phone #: _____ DOB: _____

Social Security #: _____ Driver's License #: _____ Male Female

II. Experience

Occupation: _____ Employer: _____ Title: _____

Licenses / Certifications: _____

Languages Written / Spoken: _____

Skills: _____

Organizations / Community Activities: _____

III. Availability

Mon Tues Wed Thurs Fri Sat Sun

Morning Afternoon Evening Other: _____

IV. Areas of Interest

- Clerical Sales Answering Phones Data Entry Courier
 Greeting Grant Writing Shredding Proof Reading YWTeens
 Fitness Fairs Maintenance Landscaping Pool
 Yuletide Market Reading Rally Week Without Violence Y Women In Careers Glo & Go Run
 Committees: _____ Other: _____

V. References (Personal other than relatives and/or employers)

1. _____

Name	Address	City	State	Zip	Phone

2. _____

Name	Address	City	State	Zip	Phone

Relatives / friends associated with YWCA: _____

Have you ever been convicted of a felony: Yes No

Date / Place: _____ Nature: _____

I verify that all information provided on this application and any supporting documentation is true, correct, and complete. I have not withheld or misstated any information on this application. After your application has been reviewed, a personal interview will be scheduled and your eligibility for volunteer membership will be determined. Volunteer applicants are subject to background investigation to confirm their suitability to provide volunteer activities. Volunteer membership does not involve any employment relationship with the YWCA of Corpus Christi. Volunteers are not eligible for wages or any other compensation for volunteer services provided. If you are accepted as a volunteer, you must complete orientation and training before you can begin volunteer activities. I fully understand and agree that I am providing services to the YWCA strictly as a volunteer. I also agree to abide by policies of the YWCA. I will keep confidential any and all information that pertains to the operations of the YWCA. Any ideas/suggestions become the property of YWCA. I understand that I am not an employee of the YWCA and agree not to hold it's employees responsible for any injury or illness incurred or occurring while I am a volunteer. I authorize YWCA to seek emergency medical treatment in case of accident, injury or illness. The YWCA of Corpus Christi may terminate the volunteer relationship at any time without notice or any requirement of cause. I acknowledge that I have read and fully understand the terms and conditions of the Volunteer Application and that I will comply with the same.

Signature _____

Date _____