

**eliminating racism
empowering women** **ywca**

Volunteer Application

Revised 9.8.11

Personal Information - Please print all information on this application

Date: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

Emergency Contact: _____ Phone: _____

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

YWCA Volunteer Information

How long are you interested in volunteering?

- 10 hours or more
- 20 hours or more
- A year or more
- On call/as needed

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

- 1-2 hours per week
- 2-4 hours per week
- 4-6 hours per week
- 6-8 hours per week
- 8+ hours
- On call/as needed
- Other _____

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Morning (9 a.m.-noon)
- Afternoon (noon-4 p.m.)
- Evening (4-8 p.m.)
- Night (later than 8 pm.)

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

- Children's Programs
- Clerical Work
- Committees/Board of Directors
- Fundraising
- Meal Preparation
- Racial Justice Facilitator
- Suited for Success Boutique
- Special Event
- Translation/Interpretation
- Tutoring/mentoring
- Other _____

If interested in serving on a committee, what are your interests?

- Advocacy
- Board of Directors
- Event Planning Committee
- Fund Development
- Marketing/Public Relations
- Racial Justice

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, Communications Media and Public Relations |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Nonprofit & Human Services |
| <input type="checkbox"/> Estate Planning | <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"/> Healthcare Medicine & Life Science | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Higher Education | |
| <input type="checkbox"/> Human Resources | |

Previous Volunteer Experience

Please include organization/agency, position, and supervisor's phone/e-mail

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

Language Skills

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

What is your level of fluency? Native speaker Excellent Moderate

YWCA Services

Have you ever received services from the YWCA Madison? 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?

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

Yes____ No____

If yes, please list charges/convictions: _____

Community Service or Class Credit

Are you volunteering for community service or class credit? (If yes, check which one)

- Yes Community service
 No Class credit

If you answered yes to the above, please provide the name, phone and email for a contact for your community service or class:

How many hours are you required to volunteer? _____

Personal References

Please list a minimum of 3 personal references

1) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

2) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

3) Name: _____ Phone Number: _____

Address: _____ Years Known: _____

Demographics (Optional)

Ethnicity

- Alaskan Native Black White
 American Indian Hispanic Other
 Asian Pacific Islander

Do you have a disability? Yes No

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 discontinuance of your involvement with the YWCA.

Name _____

Date _____

Only complete applications will be considered.

Please return this application to:

Samantha River - Volunteer Coordinator

YWCA Madison • 101 E. Mifflin Street, Suite 100 • Madison, WI 53703

(Office use only) References Check _____ Background Check _____ Driving Record _____

Entered RE _____ S.O. Registry _____ CCAP _____ SR List _____

Volunteer Applicant Data Sheet

Last name (print clearly)	First	Middle	Date
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The disclosure of the following information is voluntary & allows us to meet reporting requirements & evaluate the effectiveness of our recruitment efforts. This sheet will be removed from your application & the data will be kept confidential & will not be used in making volunteer decisions. Refusal to provide this information will not subject you to any adverse treatment.

RACIAL &/OR ETHNIC HERITAGE: (PLEASE CHECK THE APPROPRIATE CATEGORY)

- White, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Black or African American, not Hispanic/Latino origin. (A person Having origins in any of the Black racial groups of Africa.)
- Hispanic or Latino. (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)
- American Indian or Alaskan Native, not Hispanic/Latino origin. (A person having origins in any of the original peoples of North & South American, including Central America, & who maintain tribal affiliation or community attachment.)
- Asian, not Hispanic/Latino origin. (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.)
- Native Hawaiian or Other Pacific Islander, not Hispanic/Latino origin. (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Islands.)
- Two or more races, not Hispanic/Latino origin. (All persons who identify with more than on of the above races.)
- Other (specify): _____

GENDER

- Male
- Female

DISABILITY

Do you have a disability?

- Yes
- No

The City of Madison considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act. If you need reasonable accommodation(s) during the application process due to disability related function limitations, please notify Samantha River, Volunteer Coordinator, at sriver@ywcamadison.org or (608) 257-1436

I need an accommodation in the hiring/examination process:

- Yes
- No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other):