

volunteer services

Volunteer Application

Last Name	First Name	Date	
Address	City	State	Zip Code
Daytime Phone	Evening Phone		
Cell	Email		

Optional Information

This information is confidential and requested for statistical purposes only for United Way and other funding sources. We will not discriminate on basis of sex, race, sexual orientation, age, religion, national origin, marital status, veteran status, medical condition, or physical disability.

Gender: Male Female **Date of Birth:** _____ **Education Completed:** _____

Racial/Ethnic Background:

<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian (Not Hispanic or Latino)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)
	<input type="checkbox"/> White (Not Hispanic or Latino)

Employment / Student Information

Employment Status: Full-time Part-time Not Employed Self Employed

Employer Name	Occupation
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Are you a student? Yes No **If yes, where?** _____

Background Information

Are you or members of your family current or past participants at any YWCA High Point programs or services? Yes No

If yes, which program and location? _____

Have you ever pled guilty, no contest to, or been convicted of a misdemeanor or felony? Yes No

If yes, please provide date(s) and details: _____

Note: Answering yes to this question does not constitute an automatic bar to placement. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. The YWCA High Point may obtain a criminal background check.

Availability

Please indicate the times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						



Additional Information

Are there any medical and/or physical concerns to be considered in your volunteer assignment? Yes No

If yes, please explain: _____

Emergency Contact Name _____ Emergency Contact Phone Number _____ Relationship _____

How did you learn about this opportunity at the YW? Through a friend or family member Through a professor or class presentation

I have volunteered in the past Online (list website) _____ Other _____

Why are you interested in working with the YWCA? _____

References

Please provide two references who are NOT family members:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

Phone: _____

Relationship: _____

Preferences

The YWCA has several programs in which volunteers are needed. Please check all programs below that interest you.

I am interested in the following programs: Administrative Support Adolescent Parenting Program Aquatics and Wellness
 Latino Family Center Studio Art Women's Resource Center and Baby Basics Youth Services

Would you like us to contact you about other volunteer opportunities? Yes No

Would you like to receive YWCA High Point mailings in the future? Yes No Email/Regular Post (circle one)

I certify that the information I have provided on this application is accurate and up-to-date. I understand that acceptance of this application does not constitute acceptance as a volunteer, and that assignment to a volunteer position is based on assessment by program staff and the availability of a suitable position for me. I further understand that submitting this application does not obligate me to act as a volunteer for the YWCA High Point. By signing this application, I am giving my consent for YWCA HP to conduct all necessary reference and background checks.

Signature _____ Date _____

For volunteer applicants under 18 years of age only.

Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Print and mail, fax or email this application to:

Volunteer Coordinator*112 Gatewood Avenue*High Point, NC 27262*Fax: (336)862-7980* Email: aowens@ywcahp.com