

volunteer application form

Name _____
First Middle Initial Last

Address _____
Street City State ZIP

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____

Are you 18 years of age or older? YES _____ NO _____

Where did you hear about this volunteer opportunity? _____

List any work or volunteer experiences you have had in the social service field (where, when, how long, duties, etc.)

Briefly describe any crisis you have had in the last six months. _____

Briefly describe how you handled this crisis. _____

Do you have a support system? Describe it. _____

-OVER-

YWCA Greater Lafayette
605 N. 6th Street
Lafayette IN 47901
765-742-0075
www.ywca.org/lafayette
elee@ywcalfayette.org

eliminating racism
empowering women **ywca**

List any topics or issues that YOU feel very strongly about (abortion, homosexuality, religion, racism, etc.)

Have you ever received services from the YWCA? If so, what services? _____

I am interested in:

- _____ Cleaning equipment/rooms or doing yard work (scheduled as needed)
Health Promotion Services Department or Domestic Violence Intervention and Prevention Program
- _____ Assisting with children's programming in the evening
Domestic Violence Intervention and Prevention Program
- _____ Helping with the welcome desk on the last Tuesday of the month
Women's Cancer Program
- _____ Answering the domestic violence crisis hotline (operates 24 hours a day, 7 days a week)
Domestic Violence Intervention and Prevention Program
- _____ Answering phones, giving tours, sharing program information, filing, and copying
Applicable to all YWCA departments
- _____ Helping with 9-1-1 cell phones, creating e-mail distribution lists, and handing out information
Domestic Violence Intervention and Prevention Program
- _____ Working with Spanish-speaking clients and translating documents
Domestic Violence Intervention and Prevention Program
- _____ Helping with outreach at health fairs
Applicable to all YWCA departments

Availability (circle below)

- MON morning / afternoon / evening
- TUES morning / afternoon / evening
- WED morning / afternoon / evening
- THURS morning / afternoon / evening
- FRI morning / afternoon / evening
- SAT morning / afternoon / evening
- SUN morning / afternoon / evening

Office use only

Interviewed by:

Signature of applicant

Date