

VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a volunteer for the YWCA of Topeka.

The YWCA is a nonprofit organization where members, volunteers, and staff work together to foster the development of our mission in the community. All information on this application will be kept confidential and used only in the YWCA management services and programs.

GENERAL INFORMATION

Name _____
First Last MI D.O.B

Address _____
Street Address

_____ City State Zip

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Emergency Contact _____ Relationship: _____

Day Phone (____) _____ Cell Phone (____) _____ Email _____

Please check how you learned about volunteering at the YWCA of Topeka.

Website [y the yw] Walk-In YWCA Employee/Volunteer Special Event Other _____

AVAILABILITY AND COMMITMENT

Check the days and times you will be available to volunteer, list specific times pertinent to individual scheduling.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific							

Are there any physical or medical limitations that need to be considered in your volunteer assignment: Yes No

If yes, please explain _____

Do you have reliable transportation: Yes No Transportation _____ Insurance Provider _____

LENGTH OF COMMITMENT (some positions may have minimum requirements)

One-time event On call - as needed Interim Regular Cyclical Other _____

INTERESTS, EDUCATION AND EMPLOYMENT

YWCA PROGRAM AREA OF INTEREST check all that apply

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Battered Women’s Task Force* | <input type="checkbox"/> Child/Youth Programs | <input type="checkbox"/> Development/Fundraising |
| <input type="checkbox"/> Empowerment | <input type="checkbox"/> Fitness & Aquatics | <input type="checkbox"/> Non-specific | <input type="checkbox"/> Specific Juncture |

**Authorization and release required*

PLEASE NOTE: Volunteering in certain areas have age specifications and may require specific qualifications, certifications or experience.

EMPLOYMENT check which description(s) fits your current status

- Student
 Employed*
 Unemployed
 Contractor/Freelancer
 Retired
 Other_____

*Name of Employer:_____ Job Title:_____ Duration with Company:_____

Supervisor:_____ Phone (____) _____ May we contact your current employer? Yes No

EDUCATION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> High School Graduate/GED | <input type="checkbox"/> Associates | <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate/Masters |
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Certifications | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Other_____ |

Will you be receiving credits or is this volunteer service required in any way: Yes No

If yes, please explain_____

SKILLS, QUALIFICATIONS, AND EXPERIENCE

Please summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or other activities that may be pertinent to the position desired._____

CHECK ONLY THE SKILL AREAS IN WHICH YOU HAVE ADVANCED TRAINING, EDUCATION, AND/OR PROFICIENT EXPERIENCE

Support Services

- Accounting/Clerical Skills
- Committee Work
- Filing/Database Entry
- Human Resources
- Typing/Word Processing

Client Support/Advocacy

- Client Intake/Assessment
- Court Advocacy
- Crisis Intervention Skills
- Professional/Telephone Counseling
- Support Group Facilitation

Child Care/Youth Development

- Child Care (Infants-Preschool)
- Elementary School Students
- Middle and/or High School Students
- Reading/Literacy
- Tutoring/Mentoring

Special Events/Marketing

- Planning/General Procedures
- Coordinating
- Marketing/Advertising
- Photography/Videographer/Editing
- Recruitment

Development/Fundraising

- Grant Writing
- Fundraising/Campaigns
- Direct Mail/Bulk Mailings
- Program Development/Evaluation
- Soliciting Donors

Health/Recreation

- Instructor
- Educator/Trainer
- Program Management
- Operations
- Catering

Professional/Technical/Computer

- Graphic/Web Design
- Social Networking
- Software/Program Training
- Business/Management
- Maintenance/Repairs

Communications/Public Relations/Outreach

- Community Outreach
- Media Relations
- Newsletter, Research, Design
- Public Speaking
- Public Relations
- Radio/Television
- Writing/Editing

Other_____

REFERENCES list two people, not related to you, who have known you for at least one year

Name	Relationship	Daytime Phone	Email
_____	_____	(_____) _____	_____
_____	_____	(_____) _____	_____
_____	_____	(_____) _____	_____

BACKGROUND VERIFICATION

A background check is required for certain positions prior to commencement of volunteer duties within specific programs at the YWCA of Topeka.

Have you ever been convicted of a criminal offense: Yes No

If yes, please explain _____

Have you ever been charged with neglect, abuse or assault: Yes No

Has your drivers' license ever been suspended or revoked in any state: Yes No

Do you use illegal or illicit drugs: Yes No

POLICY AND CONFIDENTIALITY

It is the policy of the YWCA to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. I understand that falsification, omission, or misstatement of data will be sufficient cause for disqualification or immediate dismissal of my volunteer assignment. The acceptance of my application may be based on receipt of satisfactory information from former employers, schools, and other references. I authorize the YWCA and its representatives to investigate, without liability, any information supplied by me including occupational, police, and governmental records. I also authorize listed employers, schools, and references, as well as other reference sources, to make full response to any inquiry by the YWCA of Topeka and its representatives without liability.

CONFIDENTIALITY: The YWCA's reputation as an agency of integrity depends on volunteers' commitment to manage the affairs of our customers and program participants in a manner that protects their confidentiality at all times. I understand and agree that all information gained during my volunteer work with the YWCA of Topeka, with respect to participants, clients, donors, staff, contractors, volunteers and YWCA operations, is to be held completely confidential and private, both during and after my volunteer placement with the YWCA. I recognize that this is a condition of placement, and agree to abide to this condition. Thank you for completing this application form and for your interest in volunteering with us.

BACKGROUND CHECK DISCLOSURE: You are hereby notified that the YWCA of Topeka may obtain a criminal background check for the purpose of evaluating you for certain volunteer positions. An Informed Consent will be provided to you to complete and sign upon application for specific program positions that require a detailed background check, as determined by the YWCA of Topeka. You are entitled to obtain, by written request, disclosure of the nature and scope of the report.

AUTHORIZATION AND AGREEMENT

I have read and agree to the policy and confidentiality requisites for the YWCA of Topeka. I certify that all facts and information set forth in this application are true and complete to the best of my knowledge. I acknowledge that the YWCA of Topeka may use, reproduce or distribute any photographs, slides, video or other similar material associated with volunteer services and related events and activities for archival and promotional purposes. There is no time limit to this consent; however, the consent can be revoked at anytime with written notice to the Manager of YWCA Volunteer Services. I understand that if I am accepted as a volunteer; prior to starting a volunteer assignment; I must participate in an interview and orientation process. Upon any acceptance, I will regard my assignment as a serious commitment and abide by the YWCA of Topeka policies. I consent to receiving invitations, newsletters and other mailings from the YWCA of Topeka.

Applicant's Signature

Printed Name

Date

PARENT/GUARDIAN AUTHORIZATION

for persons under the age of 18, the permission of a parent or legal guardian is required

Parent/Guardian's Signature

Printed Name

Date