

# Volunteer Application

Please **PRINT** all information on this application

*(Note: If you are volunteering for court ordered community service do not fill out this application. Please contact Samantha River at [sriver@ywcamadison.org](mailto:sriver@ywcamadison.org).)*

## Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My Preferred Address: (check one)       Home                       Work

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## YWCA Volunteer Information

How long are you interested in volunteering?

2 - 3 months                       3 – 6 months                       Ongoing

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                               Other \_\_\_\_\_

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

Children's Programs               Clerical Work               Racial Justice  
 Suited for Success Boutique       Special Event               Translation/Interpretation  
 Tutoring/mentoring               Other \_\_\_\_\_

When would you like to volunteer? (Please check days & 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.)

Frequency of volunteer availability:  weekly  semiweekly  monthly

Do you have a valid drivers license?     Yes \_\_\_\_\_     No \_\_\_\_\_

**Have you ever received services from the YWCA Madison?"**  Yes  No  
**If yes, what service did you receive & when did you receive it?**

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

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**What is your level of fluency?**  Native speaker  Excellent  Moderate

**Are you a YWCA member?**  Yes  No

**If no, are you interested in information about becoming a member?**  Yes  No

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

**Previous Volunteer Experience**

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

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**Class Credit**

**Are you volunteering for class credit?**  Yes  No

**If you answered yes to the above, please provide the name, phone & email for a contact for your class:**

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**How many hours are you required to volunteer?** \_\_\_\_\_

**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: \_\_\_\_\_

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**The YWCA does criminal background checks on all volunteers for liability, insurance, & safety reasons. We may also check your driving record if you will be driving during your volunteer time. For this reason, we need the following information:**

Middle Initial: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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: \_\_\_\_\_

**Continuing Contact with the YWCA**

We'd like to keep you informed about the services & activities of the YWCA by putting you on our mailing list. If you'd rather we didn't, you can email Debra Schwabe at [dschwabe@ywcamadison.org](mailto:dschwabe@ywcamadison.org) to let us know.

**PLEASE SIGN YOUR NAME BELOW**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

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.

When completed please return to:

**Samantha River—Volunteer Coordinator YWCA**  
101 E. Mifflin St. Madison, WI 53703

**Only complete applications will be considered.**

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(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

Today's Date: \_\_\_\_\_

*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 Isl&s, Thail&, & Vietnam.)
- Native Hawaiian or Other Pacific Isl&er, not Hispanic/Latino origin.** (A person having origins in any of the original peoples of Hawaii, Guana, Samoa, or other Pacific Isl&s.)
- 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 [sriver@ywcamadison.org](mailto:sriver@ywcamadison.org) (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): \_\_\_\_\_