



YWCA OKLAHOMA CITY VOLUNTEER APPLICATION

Name _____ Date: _____
(Please Print) First Middle Last

Home Address: _____
Street City State Zip Code

Home/Cell No: _____ Work No. _____ Date of Birth: _____

Email: _____ What is the best way to contact you? _____

Current Employer: _____ Address: _____

Emergency Contact: _____
Name/Relationship Phone No. City/ST

Have you ever been a client of YWCA OKC? ____yes ____no

Reasons for attending volunteer training (check all that apply): To take information back to my current job _____

For school requirements _____ To become a YWCA volunteer _____ Other _____

Multilingual? ____yes ____no Language _____

How did you hear about our program? ____friend ____a presentation ____news ____internet ____school
____other (please specify): _____

Describe your volunteer experience: _____

List any experience you have with victims of crime: _____

Are you able to make a six (6) month volunteer commitment? ____Yes ____No If not, please explain: _____

Are you volunteering to fulfill a class requirement? ____ If yes, how many hours are you required to complete? _____

What is your understanding of the services provided by the YWCA? _____

Why do you want to volunteer for the YWCA? _____

Describe any special skills you possess that will be value in your volunteer work here: _____

Volunteer Areas:

Please check the areas that you feel would be the best fit for your volunteer time. If you are unsure, please complete this portion of the application at the end of the YWCA Volunteer Orientation:

- Office Help:** Help with filing, mailings, writing letters and other assistance to the YWCA administrative staff.
- Public Relations/Media/Communications:** Provide support on special and on-going projects
- Speakers Bureau:** Speak about the YWCA to groups, at conferences and other speaking opportunities.
- Group Facilitators:** Co-facilitate Groups for Domestic Violence and Batterers Education.
- Answer Hotlines:** Answer, manage and screen calls from hotlines for domestic violence and sexual assault.
- SA/DV Advocates:** Provide information, counseling and support to sexual assault and domestic violence victims.
- SANE (RN req):** Help victims of sexual assault at the hospital by doing forensic evidence collection exams.
- Childcare:** Help YWCA childcare staff by rocking babies, telling stories or assisting with other activities.
- Reading to End Racism:** Become a volunteer reader to teach school children about the benefits of diversity.
- Our Sister's Closet:** Help prepare and display donations for sale in the YWCA's resale shop.
- Other:** If you're not sure where you would best fit in at the YWCA, let us know and we'll help find you a place.

References:

Please list three person(s) with whom you have worked with or have known for over a year:

Name	Relation	Phone Number	City/ST

The information I have provided above is true and accurate to the best of my knowledge. I understand that by completing and submitting this application, I am requesting to provide volunteer assistance to the YWCA in whatever manner they deem appropriate. Review by the YWCA of my application does not guarantee that a volunteer position will be available.

Additionally, I understand that the YWCA will need to perform a background check at a cost of \$15, to be paid at the time of my volunteer interview.

Signature	Name	Date

Please mail or fax your completed application to:

YWCA Oklahoma City
 ATTN: Josh Beasley
 2460 W. I-44 Service Road
 Oklahoma City, OK 73112
 Fax (405) 943-7177

**The YWCA Oklahoma City is
a proud partner agency of the
United Way of Central Oklahoma.**

