



## VOLUNTEER APPLICATION

### I. GENERAL INFORMATION

Please type or print all information

Last Name	Middle Name	First Name	Date of Application
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Number	Street	City	State	Zip Code
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Telephone Numbers

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

	YES	NO
• Have you ever worked or volunteered for us before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide: Date: _____ Program: _____ Site: _____		
• Do you have a relative who is currently working/volunteering for the YWCA?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you been convicted of a crime within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please explain: _____	Date of offense: _____	Location of offense: _____

Convictions will not necessarily be a disqualification for volunteer work

### II. POSITION

Volunteer Position Sought \_\_\_\_\_

How were you referred to the YWCA?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
	Please specify _____
<input type="checkbox"/> Agency	<input type="checkbox"/> Other
	Please specify _____

How many volunteer hours do you want to commit to per week? \_\_\_\_\_

Hours Available: (From: \_\_\_\_\_ To: \_\_\_\_\_)

Days Available: \_\_\_\_\_ When are you available to start? \_\_\_\_\_

### III. EMPLOYMENT HISTORY

Give all information requested below, even if duplicated on your resume.

Company Name	Telephone	Dates Employed	Job Title
		From: _____ To: _____	
Address		Job Responsibilities	
Supervisor's Name	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason(s) for leaving

### IV. EDUCATION HISTORY

Name and Address of School	Years Completed	Degree or Certificate	Major/Minor Subject Areas Other Courses
High School			
Jr. College/Technical/Vocational			
Four Year College University			
Graduate/Professional			
Other			

### V. PERSONAL REFERENCES

Please list the names of three people not related to you whom we may contact for personal references.

NAME	ADDRESS	PHONE	OCCUPATION/RELATIONSHIP
1			
2			
3			

### VI. APPLICANT COMMENTS

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experiences (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer?

**VII. For Volunteers Who Will Work With Children:**

I hereby certify that, to the best of my knowledge, I have never been indicted for child abuse and maltreatment in New York State or any other jurisdiction. I understand that I must complete a State Central Registry form and be cleared by the State Central Registry on Child Abuse and Maltreatment.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**For Volunteers Who Will Work in School Based and Child Care Programs:**

I understand that New York State requires finger-printing clearance for volunteers in a school based or licensed child care program.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

**The YWCA Mission**

The YWCA of White Plains and Central Westchester, as part of a worldwide organization, empowers women and girls. We respond to needs in the community by offering affordable, innovative services. Our organization's environment and programs help others to value diversity, promote the elimination of discrimination, and advocate for social justice. The YWCA of White Plains and Central Westchester considers applicants for all positions without regard to race, religion, sex, national origin, marital or veteran status, the presence of a non-job related condition, sexual orientation or any other legally protected status. The YWCA of White Plains and Central Westchester is an Equal Opportunity Employer.

**VIII. VOLUNTEER APPLICANT'S STATEMENT**

I hereby consent to permit the YWCA of White Plains and Central Westchester to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby authorize any organization affiliated with the YWCA of White Plains and Central Westchester to investigate my background as necessary for the consideration of my volunteer application.

I further authorize all persons, schools, companies, organizations, credit bureaus and law enforcement agencies to supply all information concerning my background and to furnish reports thereon. I hereby release them and any organization affiliated with the YWCA of White Plains and Central Westchester from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this volunteer application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation from volunteer service upon discovery thereof. I understand that this is an application for and not a commitment or promise of volunteer opportunity.

Certain positions require a physical exam by a physician designated by the YWCA of White Plains and Central Westchester and offers of volunteer opportunities are conditional on these results.

The YWCA of White Plains and Central Westchester policies, rules and procedures may be modified or amended at any time at the discretion of the YWCA.

\_\_\_\_\_  
Volunteer Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(For Volunteers under 18 years of age)

\_\_\_\_\_  
Date

**ADMINISTRATION USE ONLY**

Program: \_\_\_\_\_  
Volunteer opportunity: \_\_\_\_\_  
Length of Assignment: \_\_\_\_\_  
Approximate number of hours per week: \_\_\_\_\_