

**eliminating racism
empowering women
ywca**

sonoma county

YWCA VOLUNTEER APPLICATION			DATE:
Volunteer area of interest:			
First Name, Last Name:			
Home Phone Number: ()	Cell Phone Number: ()	email:	
Mailing Address:	City	State	Zip Code
Work Experience:			
If unemployed, are you seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Career Goal:			
Company/Organization	Job Title/Position	Duties:	Dates of Employment
Volunteer Experience:			
Company/Organization	Job Title/Position	Duties:	Dates of Volunteering

Education: Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?			
High School	Through what grade: 9 10 11 12	School:	Major:
College	Circle last year completed: 1 2 3 4	School:	Major:
Graduate	Circle last year completed: 1 2 3 4	School:	Major:
Vocational	Circle last year completed: 1 2 3 4	School:	Major:
Goals: What do you hope to gain through volunteering? (To help to contribute to your community , to gain work experience, to re-enter the work world, to stay active, to test a new career field, etc)			
Time Available for Volunteering: Number of hours per week:			
Availability:	Hours Available:	Preferred:	Length of Volunteering (Some positions may have minimum requirements)
<input type="checkbox"/> Monday	_____	<input type="checkbox"/> Mornings	<input type="checkbox"/> 3-Months
<input type="checkbox"/> Tuesday	_____	<input type="checkbox"/> Afternoons	<input type="checkbox"/> 6-Months
<input type="checkbox"/> Wednesday	_____	<input type="checkbox"/> Evenings	<input type="checkbox"/> 1-Year
<input type="checkbox"/> Thursday	_____		<input type="checkbox"/> 1-Year or More
<input type="checkbox"/> Friday	_____		
<input type="checkbox"/> Saturday	_____		
<input type="checkbox"/> Sunday	_____		
Special Skills, Certificates or Licenses:			
Do you FLUENTLY any language other than English?			
Areas of Interest or Hobbies:			
What skills and abilities do you hope to bring to YWCA Sonoma County?			
Volunteers are required to have a background check:			
Birth Date:	Valid CA Driver's License #:		

Have you been convicted of a crime? Yes No
If yes, please explain:

Transportation:

Do you drive? Yes No

Do you have automobile insurance? Yes No
(Please enclose proof of insurance)

Do you have a valid CA driver's license? Yes No
(Please enclose a copy of drivers license)

If you don't drive, how will you reach your volunteer position?

Have you been put on probation or has your driver's license been suspended or revoked within the last five years? Yes No
If yes, please explain:

The following information is for Statistical purposes only and is an optional part of the application

How did you learn about the program? <input type="checkbox"/> Personnel Department Bulletin Broad <input type="checkbox"/> County Employee <input type="checkbox"/> Press Democrat Classified <input type="checkbox"/> School _____ <input type="checkbox"/> Other(specify)_____	Age Category: <input type="checkbox"/> Under 18 <input type="checkbox"/> Female <input type="checkbox"/> 18-40 <input type="checkbox"/> Male <input type="checkbox"/> 41-65 <input type="checkbox"/> over 65	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American or Black <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian
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Please complete the following questions:

1. What is your interest in working with YWCA Sonoma County?
 - a. Do you have particular interest areas for working with YWCA?
2. Have been a victim of a crime or domestic violence?
If yes, please tell us more:
3. Have you received services from the YWCA Sonoma County?
If yes, when?
4. What would you like to gain from your volunteer experience for the YWCA?
5. What do you know about the YWCA of Sonoma County and its mission and values?

Volunteer Commitment

Dear YWCA Volunteer,

YWCA has policies and expectations for all who contribute to our programs, paid or unpaid. Please read the commitments below carefully and initial each item to show your agreement.

As a volunteer of YWCA Sonoma County and the Domestic Violence Services Program, I _____, agree to the following:

_____ 1. I will make commitment to volunteer on a regular basis and will keep an accurate record of my hours on a YWCA Timesheet submitted to the Volunteer Coordinator by the first of the following month.

_____ 2. I will give as much as possible notice to the Volunteer Coordinator and/or other supervisor when unable to meet my volunteer commitment at (707) 303 8401 or ledelheit@ywcasc.org.

_____ 3. I will respect the privacy and confidentiality of clients and their families, and YWCA Programs.

_____ 4. I will not transport any clients or their children, unless specifically requested to do so by staff and agreed upon of one self.

_____ 5. I will work cooperatively with other volunteers and staff.

_____ 6. I will use the core values of the YWCA in working with volunteers, staff, and clients.

Volunteer Applicant Signature: _____ Date: _____

Parent/Guardian signature if under 18 years old: _____ Date: _____

Please send completed application to: ledelheit@ywcasc.org

Or mail to: YWCA Sonoma County
PO Box 3506
Santa Rosa, CA 95402

Or Fax to: (707) 546 9928

Good Health Statement

By signing below, I certify that I am in good health for purposes of volunteering at the YWCA.

Signature

Date

Your Name: _____
Last First MI

Emergency Contact Information Form

Your Name: _____
Last First MI

Phone: (____) _____

Address: _____
City Street State

Emergency Contact Name: _____
Last First

Work Phone: (____) _____ Home Phone: (____) _____

If unavailable (2nd) Contact Name: _____
Last First

Work Phone: (____) _____ Home Phone: (____) _____

Preferred local hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information such as allergies you would want an emergency care provider to know – or special contact information):

If Under 18 years of age parent must give permission to participate:

Parent Name: _____

Signature _____ Date _____