

## Volunteer Application

Upon completion of this form, please attach your resume and return to:

volunteer@ywcany.org

**OR**

YWCA of the City of New York  
50 Broadway, 13<sup>th</sup> Floor  
New York, NY 10004

The application process will take about 3-4 weeks. Upon receipt of completed application, you will be scheduled for a phone interview. After the phone interview is completed, a background check, fingerprinting, and reference check will be conducted. Once screening is complete, you may be invited for an in-person interview.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Position(s) Applied for			
Are you fluent in any foreign languages?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what language(s)?
Have you ever volunteered for this organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? In What Capacity?
What is your availability?			
	Day	AM (Specify Hours)	PM (Specify Hours)
	Monday		
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
<input type="checkbox"/> My schedule is more complicated. Please Contact me.			

Commitment:

YWCA of the City of New York is looking for volunteers that can commit to at least one full semester, are you able to do this?

YES  NO

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

**EMPLOYMENT HISTORY (PLEASE ATTACH A CURRENT RESUME)**

Organization		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Organization		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Organization		Phone ( )
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**CHARACTER REFERENCES**

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

## INTERESTS

What grade level do you prefer to work with (check all that apply)?

Early Learning Center)  Middle School (Grades 6-8)  High School (Grades 9-12)

What skills do you possess that you feel are relevant?

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List any organizations, clubs, alumni groups or associations of which you are a member:

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What is your previous experience, if any, with youth or volunteer groups (i.e. clubs, churches, and synagogue?)

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Does your employer have a corporate volunteer program?

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How did you hear about YWCA of the City of New York volunteer opportunities?

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Briefly describe yourself and your motivation for wanting to volunteer at the YWCA of the City of New York:

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Are you interested in joining our mailing list? \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that upon submission of this application, YWCA of the City of New York reserves the right to verify all experience and education credentials listed herein.

Signature

Date