

VOLUNTEER SERVICES

Volunteer Application

Last Name	First Name	Date	
Address	City	State	Zip Code
Phone	Email		

OPTIONAL INFORMATION

This information is confidential and used for agency reporting purposes only.

Gender: Male Female In another way **Date of Birth:** _____ **Education Completed:** _____

Racial/Ethnic Background:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| | <input type="checkbox"/> White (Not Hispanic or Latino) |

EMPLOYMENT /STUDENT INFORMATION

Employment Status: Full-time Part-time Not Employed Self Employed

Employer Name	Occupation
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Are you a student? Yes No If yes, where? _____

BACKGROUND INFORMATION

Are you or members of your family current or past participants at any YWCA St. Paul programs or services? Yes No

If yes, which program? _____

Have you ever pleaded guilty, no contest to, or been convicted of a misdemeanor or felony? Yes No

If yes, please provide date(s) and details: _____

Note: Answering yes to this question does not constitute an automatic bar to placement. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. YWCA St. Paul may obtain a criminal background check. A consent form will be provided to you to complete and sign upon application for specific positions that require a background check, as determined by YWCA St. Paul.

AVAILABILITY

Please indicate the times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

ADDITIONAL INFORMATION

Are there any medical and/or physical concerns to be considered in your volunteer assignment? Yes No

If yes, please explain: _____

Emergency Contact Name	Emergency Contact Phone Number	Relationship
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How did you learn about this opportunity at YW? Through a friend or family member Through a professor or class presentation

I have volunteered in the past Online (list website) _____ Other _____

Why are you interested in working with YWCA? _____

What are your expectations of a volunteer experience? _____

What do you hope to learn and/or accomplish? _____

PREFERENCES

Please check all that apply.

I am interested in the following areas: Health & Wellness Housing & Supportive Services Skills for Life & Work/Academics
 Youth Development Administrative Support Special Events/Special Projects

Would you like us to contact you about other volunteer opportunities? Yes No

Would you like to receive YWCA St. Paul mailings in the future? Yes No

I certify that the information I have provided on this application is accurate and up-to-date. I understand that acceptance of this application does not constitute acceptance as a volunteer, and that assignment to a volunteer position is based on assessment by program staff and the availability of a suitable position for me. I further understand that submitting this application does not obligate me to act as a volunteer for YWCA St. Paul.

Signature _____ Date _____

For volunteer applicants under 18 years of age only.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Print and mail, fax or email this application to:
YWCA St. Paul, Attn: HR Generalist, 375 Selby Avenue, St. Paul, MN 55102 • Fax: 651-222-6307 • Email: volunteer@ywcastpaul.org