



Volunteer Application

Contact Information:

Date: _____ Name: _____ Pronouns (he/she/them/etc.): _____

Address: _____ (First) (Last) Date of Birth: _____

(Street) (City) (State) (Zip)

Primary Phone Number: _____ Email Address: _____

Circle Best Contact Method: PHONE/EMAIL *(Please note that email is our primary way of contacting volunteers)*

Current Employer/School: _____ Position/Grade: _____

Do you have a record of founded child or dependent adult abuse? YES NO

Have you ever been convicted of or pleaded guilty to a crime? YES NO

If 'YES' to either question, please explain: _____

Schedule Availability: (please write your available hours in the appropriate box. Example – Mondays: 3-6 p.m.)

Mondays _____ Tuesdays _____

Wednesdays _____ Thursdays _____

Fridays _____

Volunteer Opportunities: (please check any that interest you)

Childcare: ___ Meal Donation: ___ Data Entry: ___ Y-Dub Club: ___

Board/Committees: ___ Young Empowerment Partnership: ___

Special Skills/Expertise *(check any that apply):*

CPR Training: ___ Marketing/Graphic Design: ___ IT: ___ ETO Software: ___ Events: _____

Photography: ___ Administrative Support: ___ Doula Certification: ___

Fundraising: ___ Organizing: ___ Languages Spoken: _____ Other: _____

Do you need volunteer hours for Silver Chord, service-learning, class project or other? YES NO If 'YES', what project do you need the hours for, and how many hours do you need?

How did you learn about the YWRC?

Please list your past volunteer experiences:

Organization: _____ Position: _____

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Additional: _____

Are you able to cover the \$15 cost of a background check (if one is necessary?) Yes: ___ No: ___

Which one of our programs are you most excited by and why?

Emergency Information:

Emergency Contact: _____ Relationship: _____ Phone Number: _____

Do you have any medical condition that may require the use of medications or emergency medical treatment? (diabetes, heart condition, epilepsy, etc.)



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Applicant's Statement

By signing below, I certify that the information on the front of this form is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission or facts could be cause for immediate discharge as a volunteer. I authorize the YWRC to investigate all statements contained in this form, as well as my character and qualifications. I authorize the YWRC to contact any of my references for full information. I authorize my past and present employers, volunteer organizations, and others with information regarding my work, volunteering or my character, to provide all information requested and to cooperate fully with the inquiry of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice. I understand that the facility will conduct a child abuse/criminal record check on my background. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Policies and Procedures

I understand that as a volunteer, I must conform to all of the YWRC's rules and regulations, including those in the volunteer handbook. I understand that part of the rules and regulations is a policy of confidentiality. I understand that names, diagnoses, and other client information must not be shared unless it is with a YWRC supervisor or the volunteer coordinator. I understand that any violation of the confidentiality policy or of those in the volunteer handbook can result in immediate discharge as a YWRC volunteer.

Photo Release for Volunteers

I hereby grant my permission for the YWRC to take pictures, films, slides and/or video tapes of myself, or my child either individually or as a member of a group, understanding that such may be used in preparing marketing materials either printed or electronic, promoting the general welfare of young women and children or to inform the community of programs available at the YWRC.

Waiver to Participate/Medical Release

In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrations, waive any and all rights and claims for damages I may now or hereafter have against the YWRC, individuals associated with the YWRC, or its successors and assigns. For any and all injuries of any nature suffered by me in connection with me (or my minor child's) participation with the YWRC I certify that: I have full knowledge of any risks involved; I am physically fit and satisfactorily trained to participate; and I have no medical or physical conditions that prevent my participation. Further, if either me, or my children, sustains an injury or becomes ill while on the premises of, or while engaged in an activity associated with the YWRC, I do hereby give my permission and/or consent to the personnel of YWRC to secure and authorize such emergency medical/dental and/or treatment as either me or my children might require. I agree to pay all of the costs and fees authorized under this consent.

I have read and understand the information contained on this form.

Applicant's Signature _____
Parent's Signature (if applicant is under 18): _____
Received By: _____

Date: _____
Date: _____
Date: _____

Please return this form to:
Max Mowitz, Office Manager/Volunteer Coordinator
P-515.244.4901 - F: 515.243.5073 - Email: mmowitz@ywrc.org