



YWRC Internship Application

Date: _____
Name: _____ Phone: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Current Employer: _____ Position: _____ Phone: _____
Email Address: _____ May we contact you at work? YES / NO
Highest Grade Completed: _____ Current School/College: _____
Major Course of Study (if in college): _____
What attracted you to the YWRC? _____

REFERENCES (include one personal and one work, school, or volunteer related)

| | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>RELATIONSHIP</u> |
|----|-------------|----------------|--------------|---------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |

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
Social Security Number: _____

AVAILABILITY FOR SERVICE: (please write your available hours in the appropriate box)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

How many hours per week are required? _____ How many days per week? _____

TELL US ABOUT YOURSELF

What are your experiences as a volunteer: _____

What are your hobbies, interests, and/or special training: _____

Do you have any topics you can share with a group (if yes, please explain): _____

INTERNSHIP OPPORTUNITIES WITH YWRC (please check those that may interest you):

| | |
|--|--|
| Childbirth Ed/Young Moms Internship | |
| Empowerment Internship | |
| Marketing/Special Events Service Project | |

Other topics of interest: _____



EMERGENCY INFORMATION

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

If an emergency notify: _____
Name Relationship Home Phone Work Phone

If under 18, parent's name: _____ Home Phone: _____ Work Phone: _____

Physician's Name: _____ Phone Number: _____ Hospital Preference: _____

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 of facts could be cause for immediate discharge as a volunteer. I authorize the Center to investigate all statements contained in this form, as well as my character and qualifications. I authorize the Center 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 Center'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 services coordinator. I understand that any violation of the confidentiality policy or of those in the volunteer handbook can result in immediate discharge as a Center volunteer.

PHOTO RELEASE FOR VOLUNTEERS

I hereby grant my permission for the Center 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 brochures or publications for promoting the general welfare of young women and children or to inform the community of programs available at the Center.

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 Center, individuals associated with the Center, or its successors and assigns. For any and all injuries of any nature suffered by me in connection with my (or my minor child's) participation with the Center. 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 Center, 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.



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ywrc@ywrc.org • www.ywrc.org

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

Applicant's Signature: _____ Date: _____

Parent's Signature (if applicant is under 18): _____ Date: _____

Received By: _____ Date: _____

Please return this form via email :
Tara Ray – tray@ywrc.org
Empowerment Program Coordinator

Young Women's Resource Center
818 5th Ave.
Des Moines, IA 50309
Telephone: (515) 244-4901
Fax: (515) 243-5073