



# Volunteer Application

**Contact Information:**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(First) (Last) (Middle) (Maiden)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Contact Method: PHONE / EMAIL Email Address: \_\_\_\_\_

*(Please note that our primary way of contacting volunteers is through email.)*

Current Employer/School: \_\_\_\_\_ Position/Grade: \_\_\_\_\_

Social Security Number (\*required if wanting to help with childcare): \_\_\_\_\_

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	<input type="checkbox"/>	Y-Dub Volunteer Club	<input type="checkbox"/>
Meal Providing	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Office Assistance	<input type="checkbox"/>	Other (please write in)	<input type="checkbox"/>
Board, Committees, YPC	<input type="checkbox"/>		<input type="checkbox"/>

How many hours of volunteer service would you like to complete each week? \_\_\_\_\_

Do you need volunteer hours for community service, 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?  
 \_\_\_\_\_

What are your experiences as a volunteer?  
 \_\_\_\_\_

What are your hobbies, interests, and/or special training?  
 \_\_\_\_\_

**Emergency Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

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 WYRC, 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 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 \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature (if applicant is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to:**  
Sarah Mowitz, Office and Volunteer Manager  
P: 515.244.4901 - F: 515.243.5073  
Email: smowitz@ywrc.org