

YWCA Volunteer Application

Contact Information	
Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
E-Mail	
	Are you 18+ years old: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	
Title	
Work Address	
Work Phone	
Work E-Mail	
Availability	
During which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Academic Year
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Summer
<input type="checkbox"/> Special Events Only	
Frequency: <input type="checkbox"/> 1 time only	<input type="checkbox"/> Daily
<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Interests	
Yes, I am interested in YWCA volunteer opportunities:	
<input type="checkbox"/> I am interested in working with Youth.	
<input type="checkbox"/> I am interested in working with adults at YWCA Family Centers.	
<input type="checkbox"/> I am interested in assisting with administrative duties at your headquarters.	
<input type="checkbox"/> Seasonal Giving Programs	
<input type="checkbox"/> Fundraising Events	
Clearances	
<input type="checkbox"/> Yes, I have current PA Criminal Background and PA Child Abuses Clearances. I will provide copies to the YWCA Bucks County.	
<input type="checkbox"/> No, I don't have current PA Criminal Background and PA Child Abuses Clearances, but I will process them and provide copies to the YWCA Bucks County. Clearances for volunteers are free.	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Emergency Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please complete the application and email to kchapin@ywcabucks.org or fax to (215) 396-1765.

YWCA Bucks County
2425 Trevoise Road

Trevose, PA 19053