



## YWCA of Richmond Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Birthday: (month & date only): \_\_\_\_\_

E.mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Place of Employment \_\_\_\_\_

Does your employer have a matching gifts program? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know

Prior Volunteer Experience/Other Affiliations: \_\_\_\_\_

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Do you have access to your own transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you find out about the volunteer opportunities available at the YWCA? \_\_\_\_\_

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Why are you interested in volunteering with our program? \_\_\_\_\_

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Can you make a commitment to this program for at 6 months? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Areas of Volunteer Interest : (please check all that apply)

- |                                |                                       |
|--------------------------------|---------------------------------------|
| _____ Women's Shelter          | _____ Hospital Advocate (RHART)       |
| _____ Speaker's Bureau         | _____ Hotline                         |
| _____ Child Development Center | _____ Administrative/Office Assistant |

Do you have any interests, skills, or hobbies that you think would be helpful to our program?

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Do you give the YWCA of Richmond permission to list your name in our annual report and other volunteer related publications? \_\_\_ yes \_\_\_ no

FOR OFFICE USE ONLY

Application Received:

Notes:

Interviewed:

First Volunteer Assignment/Date:

Training Date: