

# YWCA of Richmond Volunteer Application

## General Information

Name : Mr Ms Mrs \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

What is the best number way to reach you? \_\_\_\_\_

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

## Employment

Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No Intended Major: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Does your employer have a matching gifts program? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

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

\_\_\_\_\_ Working with Children      \_\_\_\_\_ Administrative/Professional      \_\_\_\_\_ Hotline  
 \_\_\_\_\_ Hospital Advocate (RHART)      \_\_\_\_\_ Women's Shelter      \_\_\_\_\_ Facilities Projects

## Availability: (please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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

Does your schedule change throughout the year, if so when?

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**Criminal Background**

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please explain: \_\_\_\_\_

**Experience/Skills:** (please check the ones you'd want to use as a volunteer)

Professional/ Technical

- Business Management
- Computer/ IT
- HTML/ Web Design
- Database Management
- Typing/ Word Processing

Childcare/ Youth Development

- Childcare
- Preschool Student
- Elementary School Students
- Middle / High School Students
- Reading / Literacy
- Tutoring / Mentoring
- Arts & Crafts
- Music
- Fitness/Physical
- CPR/ First Aid

Development/ Fund Raising

- Committee Work
- Group Leadership/ Team Building
- Program Development
- Grant Writing
- Fundraising
- Event Planning/ Assisting

Communications/ Public Outreach

- Journalism/ Communications
- Public Speaking
- Community Outreach/ Education
- Social Media
- Community Organizing
- Volunteer Relationships
- Public Health Awareness
- Newsletter, Research, Design
- Bilingual: language \_\_\_\_\_

Client Support

- Hotline
- Advocacy
- Mental Health
- Employment Specialist
- Stress Management/ Holistic Healing
- Self- Sufficiency Skills
- Financial empowerment

Do you have any other skills, interests, or hobbies that you think would be helpful?

\_\_\_\_\_

Are you CPR/First Aid Certified?  Yes  No Date: \_\_\_\_\_

**Questions**

Prior Volunteer Experience/Other Affiliations:

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering with our program?

\_\_\_\_\_

Are you associated with other non-profits or boards, if so which ones?

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**References:** Please provide the name, contact information, and relationship of 3 personal or professional references that can attest to your character, skills and dependability (no family members should be used).

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Company/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Company/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Company/Title: \_\_\_\_\_

Do you give the YWCA of Richmond permission to list your name in our annual report and other volunteer related publications?     Yes     No

Are you interested in receiving YWCA communication via email?     Yes     No

**Additional Information:**

I certify that the answers given by me to the foregoing questions and statements are true and correct without significant or consequential omissions of any kind whatsoever. I understand and agree that any misleading or incorrect statements may render this application void and limit or prevent my ability to volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit application to Leigh Busby via:**  
**email: [lbusby@ywcarrichmond.org](mailto:lbusby@ywcarrichmond.org)**  
**fax: (804) 643-1314**  
**mail: 6 N 5th Street, Richmond, VA 23219**