

**eliminating racism  
empowering women**

ywca

**Volunteer Application**

(Please to attach a resume. You may also attach a bio or additional pages)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Which volunteer position are you interested in?

\_\_\_\_\_

What skills, knowledge, education, and experience could you bring to the YWCA Pasadena-Foothill Valley?

- |                                     |                                       |  |   |
|-------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management   | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Finance          |
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Human Resources     | <input type="checkbox"/> Legal            |
| <input type="checkbox"/> Planning   | <input type="checkbox"/> Advocacy     | <input type="checkbox"/> Public Speaking     | <input type="checkbox"/> Public Relations |

Other \_\_\_\_\_

What additional interests, experiences or contacts could you bring to the YWCA as a volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations have you volunteered with? \_\_\_\_\_

\_\_\_\_\_

Do you currently volunteer with other organizations? If so, which one(s)? \_\_\_\_\_

In what volunteer or community activities have you participated? \_\_\_\_\_

How many hours a week are you able to volunteer with the YWCA? \_\_\_\_\_

Please provide the names and telephone numbers of three references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Education and/or training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**NOTICE TO VOLUNTEER**

The personal information collected on this application form will be used for the purposes of establishing and maintaining the volunteer relationship and will not be used for any other purpose or disclosed to any third parties without first notifying you. The YWCA shall protect personal information by security safeguards appropriate to the sensitivity of the information. I, the undersigned, declare that the information provided herein is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from a volunteer position, or cause my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Kindly return completed form to: [cmartinez@ywca-pasadena.org](mailto:cmartinez@ywca-pasadena.org) or fax 626-296-8434