

YWCA Cass Clay Volunteer Application

Name _____ Date of Birth (mm/dd/yyyy) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ School (if applicable) _____

Employer (if applicable) _____

Days/Hours Available _____

Are you 18 years old or older? YES / NO (If no, you must volunteer with a guardian, parent, or youth group)

Emergency Contact Name _____ Emergency Contact Phone _____

Interested in learning more about our youth volunteer opportunities? Let us know! YES / NO

Please indicate activities you are interested in: **Note that activities with ** denotes a necessary commitment of 2 months due to training requirements & investment.**

Interested in teaching a class?

- | | | |
|--|---|---|
| <input type="checkbox"/> Childcare (9-11a and/or 2:30-4p) | <input type="checkbox"/> Certified Hair stylist/Make-up/Nails | <input type="radio"/> Job Readiness |
| <input type="checkbox"/> Kitchen Assistant (M-F 8-5p) | <input type="checkbox"/> Donation Sorting/Organizing | <input type="radio"/> Computer Education |
| <input type="checkbox"/> Study Buddies** (M-Th 3-5p) | <input type="checkbox"/> Special Events | <input type="radio"/> Parenting Education |
| <input type="checkbox"/> Front Desk & Phones** (M-F 8-5p) | <input type="checkbox"/> Food Pantry** (M-F 2:30-4:30p) | <input type="radio"/> Self-Improvement |
| <input type="checkbox"/> Housing Program Helper (Ex. painting, moving furniture, staging apartments, & organizing storage) | | <input type="radio"/> Other: _____ |

Were you previously employed by YWCA Cass Clay? _____ If yes, when? _____

Have you ever received services from YWCA Cass Clay? _____ If yes, when? _____

Have you ever been convicted of a crime or have any pending legal issues? _____

If yes, please explain. _____

Why would you like to volunteer at YWCA Cass Clay? _____

How did you hear about volunteering at YWCA Cass Clay?

ONLINE FAMILY/FRIEND EVENT SCHOOL OTHER: _____

I certify that the above information is true, to the best of my knowledge.

Signature _____ Date _____

Completed form should be sent to the Volunteer & Donations Coordinator at volunteer@ywcacassclay.org, mailed to 3000 South University Drive, Fargo, ND 58103, or faxed to (701) 232-9408.

For office use

Date started _____	Date ended _____	Details _____
_____	_____	_____