

YWCA of Watsonville

Volunteer Application

YWCA Watsonville
340 E. Beach Street
Watsonville Ca 95076
(831) 724-6078

For Staff Use Only
Processed:
Intl:

Dear Community Member,

We would like to thank you for your interest in the YWCA of Watsonville and for your commitment to contribute to our community. We appreciate the skills, area(s) of expertise, and most of all the passion that every volunteer brings to the YWCA. We view each volunteer as a role model for the community members we serve through our programs. We look forward to your involvement with the YWCA and our community. Please take the time to complete the following application to identify relevant opportunities:

Volunteer Contact Information:

Name: _____ Date: _____

Home Address: _____

City and Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work: Phone _____

Email: _____

What is your preferred method of contact? Home Phone Cell Phone Work Phone Email

Date of Birth: Month _____ Day: _____ Year: _____

Volunteer Availability:

Preferred Days (Please circle): M T W TH F SAT SUN

Preferred Time of day: Mornings Afternoons Evenings

Length of commitment you seek: Less than 3 months 3-6 months

6-12 months As long as needed

Please list any dates, or notes you would like us to be aware of on your availability:



Skills & Experience:

Educational Background:

Are you currently a student? Yes No

If yes, what school are you attending?

Elementary/Middle School _____ High School _____

College _____ Graduate Program _____

Technical _____ Other _____

Academic focus/Concentration _____

What is your level of Spanish fluency? None Beginner Intermediate Fluent / Native Speaker

Skills, special interests, and hobbies

Volunteer Experience (list or describe):

If applicable: Company/Agency name: _____ Position: _____

Work Experience (list or describe):

Volunteer Interests/Preferences:

I prefer to work: alone/independently in a group

If applicable list any restrictions: _____

What are your goals for a volunteer position at this time (professionally, personally, for the community, etc.)?

Please check areas of interest/Preference (5=very interested 0= no interest):

- Teens Activities Mentoring Teaching/Tutoring Children activities Office work
- Office Management Skills Writing/Editing Translation Event Coordinator
- Partnership/collaborations Public speaking Computers/IT support Graphic/Web Design
- PowerPoint Publisher Marketing
- Gardening Cooking Cleaning
- Other (please explain): _____

Volunteer Statement of Good Health:

I, _____, a volunteer at the YWCA Watsonville, certify that I am in good health, free of communicable disease, and able to perform my volunteer role without presenting a health risk to children, other volunteers, staff or myself.

-----**The following 2 statements are for YWCA State Preschool Only**-----

All volunteers working with children MUST CLEAR a T.B. Test.

I, _____, certify that I have completed a required T.B. test on _____ at the following testing site: _____ . Also, I certify that I am able to provide written proof of the clearance of said T.B. test.

All volunteers working 16 OR MORE HOURS PER WEEK must pass a fingerprinting background check.

I, _____, certify that I have completed a live scan or ink fingerprinting at the following location, _____ on date _____, and can provide written proof of clearance.

Criminal Background:

- Do you have Community Service Hours assigned by the Court? Yes No
- Have you been convicted as an adult of a crime under your name or another name? Yes No

If yes, please provide details (offense, when, where, and disposition). Conviction of a crime is not necessarily a bar to volunteering. Each case will be considered separately based on the position applied for.



References:

Please list 2 people, not related to you, whom you have known at least one year:

Name: _____

Name: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

Phone: _____

Phone: _____

Years Acquainted: _____

Years Acquainted: _____

In Case of Emergency:

Physician: _____ Phone #: _____

Please describe any physical limitations, allergies, or other medical concerns you would like us to know about:

Emergency Contact: _____ Relationship: _____

Work phone: _____ Home phone: _____

The following information is **voluntary** and will help our program evaluate its recruitment practices and compile required statistical reports. This information will not be used to discriminate against or give preference to any individual in any volunteer position. Thank you for your cooperation.

How did you hear about the programs of the YWCA of Watsonville?

Newspaper Flyer Website: _____

Other (please specify) _____

1. **Race/Ethnic Origin:** Caucasian/White Native American/Alaskan Native
 African American/Black Asian / Pacific Islander Latino/Hispanic
 Other: _____ Decline to State

2. **Gender:** Male Female Prefer Not to Identify



Volunteer Agreement:

I _____ agree to:

1. Perform to the best of my ability the job I have been assigned.
2. Be punctual and work the hours that I have agreed.
3. Be dependable and reliable in carrying out my duties in a professional manner while representing the YWCA.
4. Return any key or materials loaned to me by the YWCA.
5. I agree not to smoke, consume or possess alcohol or drugs during the work hours I am volunteering at the YWCA.

Waiver of Liability:

I, _____, understand that I am participating at the YWCA as a volunteer. I understand that, as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume that risk. I agree that I will only perform volunteer activities that I am comfortable doing. I also agree that I will not hold the YWCA Watsonville and all of their former and current officers, directors, shareholders and employees, or any of their community service partners responsible or liable for the damage or injury to me or my property as a result of my participation as a volunteer at the YWCA Watsonville. I agree to be responsible for my behavior and to indemnify and hold harmless the YWCA Watsonville, and all of their former and current officers, directors, shareholders, and employees, and their community service partners for any damages or liabilities arising out of my activities as a volunteer in connection with the YWCA Watsonville.

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting and a T.B. test are required for all volunteer assignments related to children and in certain other departments. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of Applicant: _____ Date: _____

(If Applicant is under the age of 18)

Signature of Parent/Guardian: _____ Date: _____

Thank you for submitting your application!

