



Volunteer Application

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home/ cell): _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Date of Birth: _____

Indicate the program(s) you are most interested in working with:

- Early Learning Program Empowerment Child Care MotherLove
 Getting Ahead Program Preventative Health Health & Wellness Administration

Availability

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time(s)					

Number of hours you want to work a week: _____

In order to help us match you with a program that utilizes your talents, please describe any volunteer, paid, or educational experiences, as well as any skills, you think might benefit our programs. Please include the name of any organizations you worked with.

How did you hear about the YWCA? _____



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Reference 1:

Name: _____ Relationship: _____

Day time Phone (____) _____ Email: _____

(YWCA use only) Date contacted: _____ Contacted by: phone ____ email ____ by: _____

Comments/Impressions:

Reference 2:

Name: _____ Relationship: _____

Day time Phone (____) _____ Email: _____

(YWCA use only) Date contacted: _____ Contacted by: phone ____ email ____ by: _____

Comments/Impressions:

I understand the above information is voluntarily supplied and may be used and disclosed for YWCA purposes and that as a YWCA volunteer I will not be paid for my services. I understand that working with children, the YWCA is authorized to run a background check on me.

Signature: _____ Date: _____

Amanda Durst
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Thank you for your interest in volunteering with the YWCA of Asheville!

eliminating racism
empowering women
ywca

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