



**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     Kitchen     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.

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How did you hear about the YWCA? \_\_\_\_\_

**Volunteer Application**

**Reference 1:**

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

Day time Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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(YWCA use only) Date contacted: \_\_\_\_\_ Contacted by: phone \_\_\_\_ email \_\_\_\_ by: \_\_\_\_\_

Comments/Impressions:

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

**Reference 2:**

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

Day time Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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(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: \_\_\_\_\_

**volunteer@ywcaofasheville.org**

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