

Volunteer Application

Thank you for your interest in the YWCA of Kaua'i. We would like to learn more about you and what you would like to contribute to the YWCA of Kaua'i. Your responses will be used solely to help us place volunteers and schedule events. All information is kept strictly confidential. Please return this application to us, when we receive it, you will be placed on our mailing list and our volunteer coordinator will call to schedule an introductory meeting with you. Thank you for helping us to know you better.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-Mail: _____

IF YOU ARE WORKING:

Employer: _____

Occupation: _____

Does your employer have a formal volunteer program? Yes _____ No _____

IF YOU ARE A STUDENT: School: _____ Grade/Class _____

EDUCATION: ___ High School ___ College Student ___ College Grad ___ Other _____

How did you hear about volunteer opportunities at the YWCA of Kauai?

Why are you interested in volunteering?

Have you volunteered with the YWCA before? ___ Yes ___ No

If yes, where, when and what was your assignment?

Please list skills that you would like to share with the YWCA of Kauai:

___ Typing ___ Word Processing ___ Data Entry ___ Marketing ___ Fund Raising
___ Internet ___ Public Relations ___ Special Events ___ Finance ___ Other skills

Fluent Language skills (include sign language) _____

U.S. Citizen ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

If yes please explain: _____

Reference #1 - Personal Reference:

Last Name First Name Middle Initial

Home: _____ Cell: _____ Alternate No. _____

What is your relationship to this person? _____

How many years have you known him/her? _____

Availability

Monday Morning Afternoon Evening	Tuesday Morning Afternoon Evening	Wednesday Morning Afternoon Evening	Thursday Morning Afternoon Evening	Friday Morning Afternoon Evening	Saturday Morning Afternoon Evening	Sunday Morning Afternoon Evening
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Reference #2 - Business Reference:

Last Name First Name Middle Initial

Home: _____ Cell: _____ Alternate No.: _____

What is your relationship to this person? _____

How many years have you known him/her? _____

Availability - circle one for each day

Monday Morning Afternoon Evening	Tuesday Morning Afternoon Evening	Wednesday Morning Afternoon Evening	Thursday Morning Afternoon Evening	Friday Morning Afternoon Evening	Saturday Morning Afternoon Evening	Sunday Morning Afternoon Evening
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Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone: _____ Work: _____ Pager/Cell: _____

Print Name

Date

Signature

Date

