

St. Paul

# volunteer services

## Volunteer Application

Last Name	First Name	Date	
Address	City	State	Zip Code
Daytime Phone	Evening Phone		
Cell	Email		

### Optional Information

This information is confidential and used for agency reporting purposes only.

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Education Completed:** \_\_\_\_\_

**Racial/Ethnic Background:**

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino   |
| <input type="checkbox"/> Asian (Not Hispanic or Latino)                            | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino)        | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)                         |
|  | <input type="checkbox"/> White (Not Hispanic or Latino)                                     |

### Employment / Student Information

**Employment Status:**  Full-time  Part-time  Not Employed  Self Employed

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

**Are you a student?**  Yes  No **If yes, where?** \_\_\_\_\_

### Background Information

**Are you or members of your family current or past participants at any YWCA St. Paul programs or services?**  Yes  No

**If yes, which program?** \_\_\_\_\_

**Have you ever pled guilty, no contest to, or been convicted of a misdemeanor or felony?**  Yes  No

**If yes, please provide date(s) and details:** \_\_\_\_\_

Note: Answering yes to this question does not constitute an automatic bar to placement. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. The YWCA St. Paul may obtain a criminal background check. A consent form will be provided to you to complete and sign upon application for specific positions that require a background check, as determined by the YWCA St. Paul.

### Availability

Please indicate the times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

St. Paul

### Additional Information

Are there any medical and/or physical concerns to be considered in your volunteer assignment?  Yes  No

If yes, please explain: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about this opportunity at the YW?  Through a friend or family member  Through a professor or class presentation

I have volunteered in the past  Online (list website) \_\_\_\_\_  Other \_\_\_\_\_

Why are you interested in working with the YWCA? \_\_\_\_\_

What are your expectations of a volunteer experience? \_\_\_\_\_

What do you hope to learn and/or accomplish? \_\_\_\_\_

### Preferences

Please check all that apply.

I am interested in the following areas:  Health & Wellness  Housing & Supportive Services  Skills for Life & Work / Academics  
 Youth Development  Administrative Support  Special Events / Special Projects

Would you like us to contact you about other volunteer opportunities?  Yes  No

Would you like to receive YWCA St. Paul mailings in the future?  Yes  No

I certify that the information I have provided on this application is accurate and up-to-date. I understand that acceptance of this application does not constitute acceptance as a volunteer, and that assignment to a volunteer position is based on assessment by program staff and the availability of a suitable position for me. I further understand that submitting this application does not obligate me to act as a volunteer for the YWCA St. Paul.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For volunteer applicants under 18 years of age only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print and mail, fax or email this application to:**

YWCA St. Paul, Attn: HR Generalist, 375 Selby Avenue, St. Paul, MN 55102 • **Fax:** 651-222-6307 • **Email:** [volunteer@ywcaofstpaul.org](mailto:volunteer@ywcaofstpaul.org)

Changing Minds, Bodies & Lives • YWCA St. Paul • 375 Selby Avenue, St. Paul, MN 55102 • T: 651-222-3741 • F: 651-222-6307 • [ywcaofstpaul.org](http://ywcaofstpaul.org)