



Volunteer Application

mclean county

Name _____ Date _____

Address _____

Phone Number _____ Email _____

Dates/Time Frame of Availability _____

Number of Hours Per Week _____

Hours Available:

- Sunday _____
- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

Dates not available to work

Education Background

- High School _____
- Trade School _____
- College _____
- Post College _____

What is your major or area of study?

Why would you like to volunteer at the YWCA?

What type of work or program(s) are you interested in? Please check areas below.

- Child Care
- Cleaning/Maintenance/Yard Work
- Clerical
- Retired & Senior Volunteer Program (RSVP)
- Home Care Services
- Special Events
- Stepping Stones Sexual Assault Program
- Other (please specify) _____

Describe any experiences, skills, talents you have that would be useful in your volunteer work.

List any interests and/or hobbies: _____

Have you ever volunteered before? _____ If yes, where? _____

Do you drive? _____

Are you covered by automobile insurance? _____

List three references that have known you for at least five years, but are not related to you.

Name	Address	Phone	Years Known
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1.

2.

3.

Do you have any physical conditions that your YWCA Supervisor should know about for your safety? If yes, what? (Examples: Diabetes, seizures, heart condition, back trouble)

Do you need to meet community service requirements mandated by court? If yes, please attach a copy of timesheet to this application.

Have you ever been convicted of a crime? If yes, please explain.

Please read and sign the following:

If accepted as a volunteer:

- I voluntarily offer my services with a clear understanding there will be no monetary compensation.
- I agree to conform to all YWCA rules and regulations and those specific to the volunteer program.
- I certify that the information contained in this application is correct to the best of my knowledge. If requested, I will submit references and/or appropriate school documentation.
- For volunteer assignments within the Child Care programs or Home Care Services, I give permission to the YWCA to run a background check on me, as required by DCFS.
- I agree to attend an orientation session for volunteers and sign all required paperwork for each program area where appropriate.
- I will come in on the days(s) and time(s) I have scheduled. If unable to come in on my assigned day, I will notify my YWCA Supervisor as soon as possible.

Signature of Volunteer

Date

Signature of Authorized YWCA Staff

Date