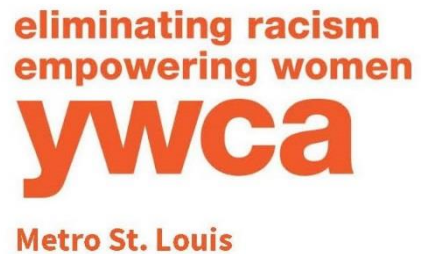


**Return Completed Forms to:**

YWCA Metro St. Louis  
3820 W. Pine Blvd.  
St. Louis, MO 63108  
**Attn: Aimee Frey**  
Ph: 314-531-1115, ext.5230  
Fax: 314-531-5008  
afrey@ywcastlouis.org



**YWCA Metro St. Louis  
Volunteer Application**

\*\*Information is REQUIRED

**\*\*PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (Evening): \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Ethnic Identity: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_

I do not wish to receive mailings or electronic communications regarding YWCA Metro St. Louis.

**\*\*EMPLOYMENT**

Are you currently employed?  Yes  No  
Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**\*\*EDUCATION** (tutors & mentors must be currently pursuing or already have a post-secondary degree)

School(s): \_\_\_\_\_  
Field(s) of study: \_\_\_\_\_  
Degree(s) received: \_\_\_\_\_ Is your participation a part of a class? \_\_\_\_\_

\*If so, please list your professor's contact information, name the course, and list your required number of volunteer hours.

Instructor's Name & Contact Info: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Required Volunteer Hours: \_\_\_\_\_

**\*\*Which YWCA programs and duties interest you? (Please check all that apply)**

Women's Resource Center  Transitional Housing Program  Head Start  YW-Teens  
 Women's Economic Stability Partnership  Racial Justice  Sexual Assault Response Team

- Provide administrative/clerical assistance to programs (listed above) and/ or agency departments (ex. Accounting, Development, Human Resources, etc.)
- Support programs and/or special events (set up/break down space day of event, usher guest into space, etc.)
- Increase agency publicity (publicizing events and programs via social media, join YWCA Young Ambassador group, etc.)
- Work with children (please indicate age preference if any: \_\_\_\_\_)
- Assist with trainings/presentations for staff, youth or adults

**\*\*Type of volunteer:**

Individual  
 Group (Group Name: \_\_\_\_\_ # of volunteers: \_\_\_\_\_)  
Contact Person and Contact Info: \_\_\_\_\_

**\*\*Availability:**  Mornings (8-11am)  Afternoons (12-4pm)  Evenings (5-9pm)

**\*\*Desired type of volunteer opportunity:**

- Casual – miscellaneous volunteer activities, over a day or week for 1 or more hours
- Direct Service/Long Term – commitment is for an on-going period of time with a regular schedule

**How did you hear about the YWCA volunteer opportunities?**

- Ad/Flyer  Friend/Co-worker  Volunteer Fair  YWCA Metro Website
- Other: \_\_\_\_\_

**\*\* To Be Completed by Applicant**

Have you ever been convicted of a violent crime including, but not limited to assault or any crime involving children (including sexual abuse/molestation, abuse or neglect)? Are you the subject of an indicated child abuse and maltreatment report on file in any state?

YES  NO If yes, please explain: \_\_\_\_\_

Have you ever been terminated, suspended, placed on probation, reprimanded, or otherwise penalized by an employer for child abuse and/or maltreatment in this state or elsewhere?

YES  NO If yes, please explain: \_\_\_\_\_

Please provide two references (personal or professional):

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____
E-mail: _____	E-mail: _____
Relation: _____	Relation: _____

**\*\*Disclaimer and Release from Liability (all potential volunteers must sign this section)\*\***

I understand that as a volunteer with the YWCA Metro St. Louis the nature of volunteer activities may involve physical activity, contact with unfamiliar people, and other potential risks of injury. Knowing this, I hereby assume the risk for any accident or injury, to person or property, which I may sustain in conjunction with my participation in the volunteer position. In addition, I hereby release and discharge the YWCA and any of its directors, officers, employees, affiliates, or successors from any and all liability and responsibility for such action or injury.

To the best of my knowledge all statements set forth in this application are true. I authorize the YWCA Metro St. Louis or its agents to undertake any investigation it deems appropriate in connection with this application. This includes, but is not limited to contacting all listed references, completing state and/or national background check, and a driver record check through the Missouri State Highway Patrol. I understand that misrepresentation or material omission from this application may result in my disqualification for a position with YWCA and may be the basis for termination of my services and/or further legal action to the extent allowable by law.

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

I further agree that my picture, name and/or representation may be used for promotional media including participant and volunteer recruitment efforts, program and agency promotion, and any other agency related purpose.

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

Date Received _____	Staff initials _____
1 <sup>st</sup> Follow-up complete (date) _____	Staff initials _____
Training complete (date) _____	Program _____ Staff initials _____
Service Information Input in ETO (date) _____	Staff initials _____