



Central Massachusetts

## Volunteer Application

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

The YWCA Central Massachusetts is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>E-mail Address:</b>
<b>Current Employer / School:</b>	

Please list **2 references** not related to you, who can speak to your ability to volunteer with the YWCA:

- 1. Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_
- 2. Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

What program(s) are you interested in volunteering for at the YWCA?

Health & Fitness		Youth Development		Child Care		Advocacy & Short Term Counseling	
Communications / Marketing		Development / Fundraising		Special Events		Other (please list)	

How did you hear about us?

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Why do you want to volunteer at the YWCA? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you seeking college credit? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: The YWCA is unable to provide supervision by a licensed clinician or social worker.

Please summarize any special skills or qualifications that you have (if available attach resume):

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

Commitment: What type of volunteer opportunities are you seeking?

On-Going		Seasonal (Please Specify)		One-Time		Other:

Availability: Please indicate what times and on which days you are available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							

When are you available to start volunteering and do you have a specific end date? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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