



500 S. Broad St.
Mankato, MN 56001
Phone (507) 345-4629
Fax (507) 345-4630
www.mankatoywca.org

Volunteer Application

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Email Address _____

Program of Interest:

Girls on the Run Walking in Two Worlds YWCA Events
 Administrative Duties Webmaster/Developer Fundraiser and/or Grant Writer

How many hours per week would you like to volunteer? _____

Have you ever been employed by a YWCA? _____ If yes, where? _____

How did you hear about this volunteer opportunity? _____

Have you ever been convicted of a felony? _____ If so, why? _____

Have you ever been convicted of any crime including a sex-related or child abuse related offense? _____

High School: Name, Address, Year Completed, Currently Enrolled? Type of Degree?

College: Name, Address, Year Completed, Currently Enrolled? Field of Study? Type of Degree?

Why are interested in this volunteer position? _____

Are you CPR certified? Yes No

Are you certified in Infant/Child First Aid? Yes No

Employment

Current Employer _____ Phone _____
Address _____ City _____ State _____ Zip _____
Supervisor's Name and Title _____
Your Title _____ Start Date: _____
Principle Responsibilities _____

May we contact this employer regarding your work record? Yes No

References

Please list people who know you well, preferably from a work environment. Please do not refer to an acquaintance or relative. Provide all required information as thoroughly as possible in the spaces below.

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Email Address (if applicable) _____
Occupation _____ Years Known _____

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____
Email Address (if applicable) _____
Occupation _____ Years Known _____

Certification

I authorize investigation of all statements in this qualification record if I am considered for this position. The companies or persons named herein are authorized to give information regarding me whether or not such information is part of their records and they are hereby released from all liability for issuing such information. I also understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for this position or termination of the position held.

Printed Name _____

Signature _____ Date _____

Work Availability

Please indicate availability by shading in times **you are available**:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30					
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-noon					
Noon-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					