



209 South Second St. Suite #314  
Mankato, MN 56001  
Phone (507) 345-4629  
Fax (507) 345-4630  
www.mankatoywca.org

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## Volunteer Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Program of Interest:

\_\_\_\_ Girl's World      \_\_\_\_ 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? \_\_\_\_\_

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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
<b>8:00-8:30</b>					
<b>8:30-9:00</b>					
<b>9:00-9:30</b>					
<b>9:30-10:00</b>					
<b>10:00-10:30</b>					
<b>10:30-11:00</b>					
<b>11:00-11:30</b>					
<b>11:30-noon</b>					
<b>Noon-12:30</b>					
<b>12:30-1:00</b>					
<b>1:00-1:30</b>					
<b>1:30-2:00</b>					
<b>2:00-2:30</b>					
<b>2:30-3:00</b>					
<b>3:00-3:30</b>					
<b>3:30-4:00</b>					
<b>4:00-4:30</b>					
<b>4:30-5:00</b>					

- The Girl's World youth mentoring program meets Tuesdays & Thursdays 2:45 – 5:00
- To apply for Girls on the Run please use the separate application listed on our website.