



eliminating racism  
empowering women  
**ywca**

# APPLICATION FOR VOLUNTEER SERVICE

**MARSHALLTOWN  
YWCA-YWCA**

Thank you for considering the Marshalltown YMCA-YWCA as a place to donate your time and talents. Volunteers are vital to our organization. Without them, we wouldn't be able to meet the needs of the kids, families and adults who live in Marshalltown and the surrounding communities.

We know that your time and talents are precious and we want every minute you spend with us to be worthwhile. That's why we are asking you to take a few minutes to fill out this application. It will help us to begin to make the right match between your skill and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the Marshalltown YMCA-YWCA for the wrong reasons. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers.

Thank you for your cooperation in this effort and your interest in the Marshalltown YMCA-YWCA. If you have any questions about this or any part of this application process, please contact Kim Jass-Ramirez, Financial Development Director at (641) 752-8658 ext 206.

Today's Date: Month/Day/Year \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (DOB) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Social Security Number (needed for background check) \_\_\_\_\_

How long have you resided at this address? Months/Years \_\_\_\_\_

Age group:  12-15  16-18  19-29  30-40  41-55  over 55

### Emergency Contact:

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

How did you learn about volunteer opportunities at the Marshalltown YMCA-YWCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you read or speak any foreign languages?  Yes  No If yes, what languages? \_\_\_\_\_  
Have you done volunteer work previously: (Please indicate: Agencies, dates, types of assignments)

Are there medical or other limitations on the type of volunteer work you can perform?  Yes  No

What days are you available to or are interested in volunteering?

Sun  Mon  Tues  Wed  Thurs  Fri  Sat Hours? \_\_\_\_\_

### Employment History:

Name of Organization \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job title and description of duties \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Name of Organization \_\_\_\_\_ Dates of employment \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Job title and description of duties \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

### References:

Please list three people, besides relatives and employers, who you have know for at least two years and who know you well enough to provide us with reference:

\_\_\_\_\_  
Name \_\_\_\_\_ Time known \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Time known \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Time known \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the Marshalltown YMCA-YWCA and their relationship to you.

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

Applicant's Signature \_\_\_\_\_ Parent or guardian \_\_\_\_\_

*(If applicant is a minor)*