

eliminating racism • empowering women



YWCA SAN GABRIEL VALLEY
943 North Grand Avenue, Covina, CA 91724
Tel: 626.960.2995 • Fax: 626.814.0447 • www.ywcasgv.org

SENIOR SERVICES
YWCA Intervale
24-Hour Message Line: 626.214.9465

DOMESTIC VIOLENCE
YWCA WINGS
24-Hour Help Line: 626.967.0651

Volunteer Application

Date of Application: _____

Last Name: _____ [] Dr. [] Mr. [] Mrs. [] Ms. []
Miss

First Name: _____ Middle Initial: _____

Preferred Name: _____

Home Address: _____

Home Phone: _____

Business Phone/Ext: _____ Cell: _____

Email address: _____ Birthdate: _____

Emergency Contact Person : _____

Address: _____

Emergency Contact Phone #: _____ Relationship: _____

Please attach a resume or a document that lists your previous work and volunteer experience as well as your educational background.

YWCA San Gabriel Valley
Volunteer Application

I do hereby give the YWCA San Gabriel Valley permission to inquire into my educational background, references, driving records, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the YWCA San Gabriel Valley.

I do hereby hold the YWCA San Gabriel Valley harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business or corporation that provides information or documents to the YWCA San Gabriel Valley. I understand that the YWCA San Gabriel Valley will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

I understand that the above information is voluntarily supplied and may be used and disclosed for YWCA San Gabriel Valley purposes. As a YWCA San Gabriel Valley volunteer I will not be paid for my services. I agree to abide by the policies of the YWCA San Gabriel Valley.

Date: _____ **Signed:** _____

Printed Name: _____