

YWCA San Gabriel Valley
101 South Barranca Avenue, Covina, CA 91723
Tel: 626.960.2995 • Fax: 626.814.0447
www.ywcasgv.org

SENIOR SERVICES
24-Hour Message Line
626.214.9465

DOMESTIC VIOLENCE
WINGS -24-Hour Help Line
626.967.0658

Volunteer/Internship Application

Date: _____

Full Name: _____

Phone Number: _____

Home Address: _____

Alternate Phone: _____

Email: _____

Current Employer/Title: _____

Are you currently an employee of YWCA-SGV? [] Yes or [] No

Note: If yes, please notify your supervisor that you intend to also volunteer with YWCA-SGV

Interested In:

[] Internship/Independent Study (Specify field of study: _____)

Currently: [] High School Student [] Undergraduate Student [] Graduate Student [] Post-Graduate
School/University Name: _____

Is this a required Internship? [] Yes [] No

[] Volunteer

Area of Interest:

[] Special Events

[] Fund Development

[] Outreach and Education

[] Communications and Marketing

[] Senior Services/Meals on Wheels

[] YWCA-WINGS Domestic Violence services

[] Other (Please specify): _____

Highest Level of Education Obtained:

[] High School/GED

[] College

[] Graduate School

[] Vocational

[] Other (specify): _____

Time Commitment:

_____ x per week

_____ x per month

[] Seasonal (Specify): _____

[] Once Per Year

[] Other (Specify): _____

YWCA IS ON A MISSION

eliminating racism
empowering women

ywca

San Gabriel Valley

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Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Bilingual? Yes No

If yes, which language(s)? _____

Special Training, Skills or Interests:

Where did you hear about YWCA-SGV and our volunteer opportunities? (Select all that apply)

Word of mouth

Health Fair

School event

YWCA Website/Social Media

YWCA-WINGS Domestic Violence Services

Other (specify): _____

What accommodations, if any, would you need to accomplish this volunteer position/internship?

Provide any comments, questions, or concerns that you may have:

Please list two references that we may contact:

Name: _____ Email: _____

Phone: _____ Relationship to Applicant: _____

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References (continued):

Name: _____ Email: _____
Phone: _____ Relationship to Applicant: _____

*Please attach a resume/cover letter that lists your previous work and volunteer experience, as well as your educational background and anything else you'd like to share. Email completed applications to Human Resources at jodywinger@ywcasgv.org

Applicant's Signature: _____

Date: _____

*If under the age of 18, your Legal Guardian must consent to your participation.

Guardian's Signature:

Date: _____