YWCA IS ON A MISSION

eliminating racism
empowering women
ywca
San Gabriel Valley

YWCA San Gabriel Valley
101 S. 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 PROGRAM APPLICATION

Date: _____

Full Name:_____ **Phone Number:** _____

Home Address: _____ **Cell #:** _____

_____ **Email**: _____

Current Employer/Title:_____

Are you currently an employee of the YWCA SGV, (circle one) ☐ yes ☐ no
Note: If yes, please notify your supervisor that you intend to also be a volunteer for the YWCA.

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: (select one):
☐ yes ☐ no

[ ] Volunteer

Area of Interest:
[ ] Special Events
[ ] Fund Development
[ ] Outreach and Education
[ ] Communication and Marketing
[ ] Senior Services/Meals on Wheels
[ ] YWCA-WINGS Domestic Violence services
[ ] Other (Please specify):_____

Highest Level of Education Obtained:
[ ] High School
[ ] College
[ ] Graduate School
[ ] Vocational
[ ] Other (specify): _____

Time Commitment:
___ x week
___ x month
[ ] Seasonal (Specify):
_____
[ ] once per year
[ ] Other (Specify):
_____

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"When do you anticipate starting your internship?"

Semester
☐ Fall
☐ Winter
☐ Spring
☐ Summer

Availability:

	Sun	M	T	W	Th	Fr	Sat
Hours Available							

Please list two references that we may contact:

Name: _____ Email: _____

Phone: _____ Relationship to Applicant: _____

Name: _____ Email: _____

Phone: _____ Relationship to Applicant: _____

Bilingual? (Select one): ☐ yes ☐ no **If yes, what 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/Facebook
[ ] YWCA-WINGS Domestic Violence services
[ ] Other (specify): _____

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

_____

_____

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

_____

_____

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

Applicant Signature: _____ **Date:** _____

<u>If you are under 18 years of age, you must have a parent's consent signature.</u>

Parent Signature: _____ Date: _____