



AGENCY VOLUNTEER APPLICATION

Please fill out this form as completely as possible.

NAME: _____ DATE: _____

ADDRESS: _____ (City) (State) (Zip)

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

BIRTHDATE: _____ HOW LONG IN OMAHA? _____

Area of Interest to provide Volunteer Services:

- | | |
|--|---|
| <input type="checkbox"/> Administration (receptionist or data entry) | <input type="checkbox"/> Empower Clinic |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Facilities Maintenance |
| <input type="checkbox"/> Clothes Closet | <input type="checkbox"/> Hotline Training |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Education Specialist | <input type="checkbox"/> YW Partners Guild |

Due to the sensitive nature of our agency work and responsibilities, all volunteer opportunities require YWCA ~ Omaha conduct a background check.

Other than Hotline Volunteers, please indicate days & hours available:

__ Mon __ Tues __ Wed __ Thurs __ Fri Hours: between 8am-8pm _____

FORMAL EDUCATION (Indicate highest level completed)

__ Some High-School __ High School Diploma __ Some College Years attended? __
__ Associate Degree __ Bachelor's Degree __ Master's Degree __ Post-Graduate

If you have completed post-secondary education, what was your major area of study?

List any special skills and/or training you may have that you are willing to share as it relates to services offered by the YWCA~Omaha: _____

Are you fluent in a foreign language? YES NO

If YES, please specify language(s) _____



Briefly explain your interest in volunteerism as it relates to opportunities available through the YWCA~Omaha.

What is your personal belief or experiences as it relates to Domestic Violence or Sexual Assault?

How did you learn of YWCA~Omaha programs and services:

Television Newspaper Radio Church Bulletin
 Corporate/Organizational Newsletter Personal Experience Friend
 Former/Current Volunteer Other (specify) _____

I hereby acknowledge that I have read, understand, and meet the requirements listed above. I wish to be considered as a volunteer within the YWCA~Omaha Programs.

I will make every effort to attend required training classes. If circumstances beyond my control prevent me from attending training or cause me to be unable to complete my scheduled volunteer hours, I will contact the appropriate department supervisor to make alternate arrangements for my absence.

If I do not complete any specified volunteer training, I understand that I am expected to return all training materials promptly.

Signature

Date

Email application to: info@ywcaomaha.org

or Mail:

**YWCA~Omaha
Attn: Veronica
222 South 29th Street
Omaha, NE 68131**

Thank you for your interest!