

eliminating racism  
empowering women



union county

## Volunteer Application

Please indicate your **top three choices** (1 being your 1<sup>st</sup> choice and so on).

Administrative: \_\_\_\_\_ Child Care: \_\_\_\_\_ Court Advocacy: \_\_\_\_\_ CRT: \_\_\_\_\_ STEP Mentor: \_\_\_\_\_ Hotline: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City State Zip

Highest level of Education/ Specialized Training: \_\_\_\_\_

Are you at least 18 years old? \_\_\_ Yes \_\_\_ No Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No If yes, please explain and give dates: \_\_\_\_\_

Do you speak a language other than English? \_\_\_ Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

**Please list three references, preferably those who can attest to your work and/or other experience.**

Name	Address	Phone Number(s)	Relationship

*By signing below, I attest that all information contained in this application is true. I understand that the YWCA reserves the right to terminate my volunteer status at any time if the information contained above is found to be false. My signature below also indicates my full cooperation in the volunteer application process, including but not limited to checking references, completing the criminal background check, interview, and, if applicable, completion of 40-hour or DV 101 Training.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:** YWCA Union County, PO Box 462, Kenilworth, NJ 07033; or Email to [volunteer@ywcaunioncounty.org](mailto:volunteer@ywcaunioncounty.org)

*\*Completion of application and/or interview does not guarantee volunteer placement.*