

VOLUNTEER APPLICATION

I. GENERAL INFORMATION
Please type or print all information.
Return to: Development Office, YWCA of White Plains, 515 North Street, White Plains, NY 10605

Last Name	Middle Name	First Name	Date of Application
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Number	Street	City	State	Zip Code
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Contact Information:		Social Security Number:
Home: _____	Work: _____	
Cell: _____	E-mail: _____	

	YES	NO
• Have you ever filed an application or worked for us before?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide: Date: _____ Department: _____ Site: _____		
• If you are under 18 years of age can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a relative who is currently working for the YWCA?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently prevented from lawfully becoming employed in this country because of Visa or Work Authorization Status?	<input type="checkbox"/>	<input type="checkbox"/>
(Proof of citizenship or immigration status will be required upon employment)		
• Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please explain: _____ Date of offense: _____ Location of offense: _____		
Convictions will not necessarily disqualify an applicant from employment. We carefully consider all relevant factors before denying someone with a conviction.		

II. POSITION

Position Applied For: _____ Full Time Part Time Session

How were you referred to the YWCA?

Advertisement (What Publication?) _____ Other _____
Please specify

Agency _____ Relative/Friend _____

Hours Available: (From: _____ To: _____) Salary Range Desired _____

Days Available: _____ When are you available to start? _____

III. EMPLOYMENT HISTORY

Give all information requested below, even if duplicated on your resume.

May we contact your current employer(s)? Yes No

Company Name	Telephone	Dates Employed From: _____ To: _____	Job Title
Address		Salary Information Starting: _____ Ending: _____ Check box if Volunteer <input type="checkbox"/>	Job Responsibilities
Supervisor's Name		Reason(s) for leaving	

Company Name	Telephone	Dates Employed From: _____ To: _____	Job Title
Address		Salary Information Starting: _____ Ending: _____ Check box if Volunteer <input type="checkbox"/>	Job Responsibilities
Supervisor's Name		Reason(s) for leaving	

Company Name	Telephone	Dates Employed From: _____ To: _____	Job Title
Address		Salary Information Starting: _____ Ending: _____ Check box if Volunteer <input type="checkbox"/>	Job Responsibilities
Supervisor's Name		Reason(s) for leaving	

IV. EDUCATION HISTORY

Name and Address of School	Years Completed	Degree or Certificate	Major/Minor Subject Areas Other Courses
High School			
Jr. College/Technical/Vocational			
Four Year College University			
Graduate/Professional			
Other			

If you have any additional skills or training related to the job that you feel would be helpful, please list in the "Comments Section".

V. PROFESSIONAL REFERENCES

Please list the names of three people not related to you whom we may contact for work references.

NAME	ADDRESS	PHONE	OCCUPATION/COMPANY
1			
2			
3			

VI. APPLICANT COMMENTS

In the space provided below please list any information that was not included in this application or your resume, and which you believe is relevant to your potential employment. Such information may include the following: Fluency in a foreign language, familiarity with particular computer/word processing programs, additional education/vocational/technical coursework, etc.. The YWCA reserves the right to verify all information listed below. You may also give additional information with regard to any section of the above application in the space below. Please give the Roman Numeral of the section to which you are referring.

VII. For Staff Who Will Work With Children:

I hereby certify that, to the best of my knowledge, I have never been indicted for child abuse and maltreatment in New York State or any other jurisdiction. I understand that I must complete a State Central Registry form and be cleared by the State Central Registry on Child Abuse and Maltreatment.

Signature of Applicant

Date

For Staff Who Will Work in School Based and Child Care Programs:

I understand that New York State requires finger-printing clearance for employment in a school based or licensed child care program.

Signature of Applicant

Date

The YWCA Mission

The YWCA of White Plains and Central Westchester, as part of a worldwide organization, empowers women and girls. We respond to needs in the community by offering affordable, innovative services. Our organization's environment and programs help others to value diversity, promote the elimination of discrimination, and advocate for social justice. The YWCA of White Plains and Central Westchester considers applicants for all positions without regard to race, religion, sex, national origin, marital or veteran status, the presence of a non-job related condition, sexual orientation or any other legally protected status. The YWCA of White Plains and Central Westchester is an Equal Opportunity Employer.

VIII. VOLUNTEER APPLICANT'S STATEMENT

I hereby consent to permit the YWCA of White Plains and Central Westchester to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including by background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby authorize any organization affiliated with the YWCA of White Plains and Central Westchester to investigate my background as necessary for the consideration of my volunteer application. I further authorize all persons, schools, companies, organizations, credit bureaus and law enforcement agencies to supply all information concerning my background and to furnish reports thereon. I hereby release them and any organization affiliated with the YWCA of White Plains and Central Westchester from any and all liability and responsibility arising from their doing so.

I certify that the answers given by me to all questions on this volunteer application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of facts in this application may result in refusal of or separation from volunteer service upon discovery thereof. I understand that this is an application for and not a commitment or promise of volunteer opportunity.

Certain positions require a physical exam by a physician designated by the YWCA of White Plains and Central Westchester and offers of employment are conditional on these results.

The YWCA of White Plains and Central Westchester policies, rules, benefit plans and procedures may be modified or amended at any time at the discretion of the YWCA.

Applicant's Signature

Date