



**YWCA OF METROPOLITAN DALLAS VOLUNTEER APPLICATION**

Return or mail to:  
YWCA of Metropolitan Dallas  
Attn: Volunteer Coordinator  
4144 N. Central Expressway, Suite 580  
Dallas, TX 75204

Fax to:  
214.826.4548

Email to:  
lHUDSON@ywcadallas.org

*Note: All applicants must be at least 16 years old. Applicants desiring to work within women’s programs must be at least 18 years old. Applicants under 18 must have parental/guardian approval.*

Date \_\_\_\_\_

**Section I: Contact Information**

Name: _____	Phone Number: _____
Address: _____	
E-Mail: _____	
Present Occupation/Employer: _____	
Education: _____	Degrees: _____
*Age: _____	*Sex: _____ *Ethnicity: _____ *Bilingual: _____ *Handicapped: _____

\*Age, sex, race, bilingual, handicapped are confidential and needed for statistical purposes as required by funding partners or community agencies.

**Section II: Availability**

Time and days available to volunteer; indicate a.m., p.m., or both please:						
Mon: _____	Tues: _____	Wed: _____	Thurs: _____	Fri: _____	Sat: _____	

**Section III: Experience**

Volunteer Experience: _____
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**Section IV: Interests**

What are your volunteer interests? _____
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**Section V: Skills**

Special skills or certifications you want to share as part of your volunteer experience. Please include computer program knowledge, especially within MS Office:

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**Section VI: Summary**

Briefly describe why you want to volunteer at with YW.

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**Section VII: References: May not be friends or family**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Are you or a family member an employee or participant in any YW program? \_\_\_\_\_

If so, which one? \_\_\_\_\_

Are you requesting volunteer hours to fulfill court-ordered Community Service Restitution? \_\_\_\_\_

**If yes, please attach an explanation and include hours needed.**

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

**Parent or guardian signature is required if the applicant is under 18.**

Office use only.

Date Received by Volunteer Coordinator: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Orientation Date: \_\_\_\_\_



### Authorization/Release Form

I hereby authorize the YWCA of Metropolitan Dallas and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the YWCA OF METROPOLITAN DALLAS or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the YWCA OF METROPOLITAN DALLAS, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s)Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

Soc. Sec. Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(I.D. Purposes Only)

Drivers License Number/State: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Texas Statewide Criminal Record  Motor Vehicle Report   
Submitted on \_\_\_\_\_ by \_\_\_\_\_



**YWCA OF METROPOLITAN DALLAS  
STATEMENT ON FELONIES OR MISDEMEANOR OFFENSES**

**THIS STATEMENT IS REQUIRED BY STATE LICENSING.**

Have you ever been convicted of a felony or misdemeanor, or are there any pending criminal charges against you, including deferred adjudication?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking a volunteer opportunity in order to comply with court-ordered **Community Service** requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either question, explain:

I understand that a Criminal History Check will be run, and that my continued volunteerism is subject to the results of this check.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

**FIREARMS & OTHER WEAPONS POLICY**

Effective January 1, 1996, persons residing in the state of Texas who are licensed by the state will be allowed to carry concealed handguns. While the Texas "Concealed Handgun Act" gives licensed individuals the right to carry concealed handguns, the Act allows employers to prohibit such persons from carrying a concealed handgun on property owned or controlled by the employer.

It is the policy of the YWCA of Metropolitan Dallas that carrying firearms (including handguns) or other weapons, concealed or otherwise, is prohibited on YW premises, regardless of license to carry. YW premises is defined as buildings, driveways, walkways, parking lots, desks, and files.

Violation of this policy will result in termination.

**I acknowledge that I have read the above policy, and I agree to comply with this policy.**

X \_\_\_\_\_  
Volunteer Signature

X \_\_\_\_\_  
Date



**YWCA OF METROPOLITAN DALLAS EMERGENCY CONTACT INFORMATION**

**Please list person(s) to be contacted in case of emergency.**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

In the course of performing duties, YW volunteers may have access to highly sensitive and confidential information about YW or its clients. All volunteers must use their best efforts and diligence to protect that information. It is expected that at no time will a volunteer disclose, directly or indirectly, sensitive or confidential information about YW or its clients. Similarly, a volunteer whose assignment with YW terminates may not subsequently disclose, directly or indirectly, any sensitive or confidential information about YW or its clients acquired during his or her association with YW.

Any volunteer who violates YW's Confidential Information policy will be subject to termination of their volunteer association with the organization.

I have read and understand the above policy and agree to abide by it.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Volunteer Signature Date