

empowering women

ywca

YWCA OF METROPOLITAN DALLAS VOLUNTEER APPLICATION

Complete this form and return to the Metropolitan branch.

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 the children's & women's programs must be at least 18 years old. Applicant 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 on reports to the Community Council of Greater Dallas, United Way, and the National YWCA.

Section II: Availability

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

Section IV: Experience

Volunteer Experience: _____

Section VI: 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:

Section VII: Summary

Briefly describe why you want to volunteer at the YWCA.

Section III: 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 YWCA 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: _____

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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 _____

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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 all YWCA premises, regardless of license to carry. YWCA premises is defined as buildings, driveways, walkways, parking lots, YWCA vehicles, lockers, 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

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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, the YWCA's volunteers may have access to highly sensitive and confidential information about the YWCA 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 the YWCA or its clients. Similarly, a volunteer whose assignment with the YWCA terminates, may not subsequently disclose, directly or indirectly, any sensitive or confidential information about the YWCA or its clients acquired during his or her association with the YWCA.

Any volunteer who violates the YWCA'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