



# Volunteer Application Form

## Personal Information

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you volunteered with YWCA Regina before?  Yes, If so in what capacity? \_\_\_\_\_  
 No

## Employment

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

## References

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Additional Information

What area of the YWCA would you like to volunteer in? (Check the box to the left of the item)

- Social Programs     Encore Market     Children's Housing     Women's Housing
- Childcare     Wellness     Board of Directors     Advocacy Committee
- Funds Development

Would you like to develop a specific skill? If yes, please specify:

\_\_\_\_\_

How did you hear about this volunteer opportunity?

\_\_\_\_\_

## Availability

Please specify the times you would be available for volunteer work. (Check boxes to the left of each item)

### Weekdays

- Any day or time  
 Mornings  
 Afternoons  
 Evenings

### Weekends

- Any day or time  
 Mornings  
 Afternoons  
 Evenings

### Other

- Special events  
 Occasional One-time Events

Do you have any preferred days or hours you wish to work? If yes, please specify.

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Are there any days or hours you are NOT available?

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How long of a commitment are you willing to make?

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**Please note a Criminal Record Check may be required.**

## Office Use

**Date Received:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Distributed to:**

Social Programs     Encore Market     Children's Housing

Women's Housing     Childcare     Wellness

Board of Directors     Advocacy Committee     Funds Development