

YWCA IS ON A MISSION

Date: _____

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City/State/Zip: _____

Home phone: _____ Business phone: _____

Email Address: _____

Language(s) spoken: _____ Profession/Occupation: _____

Have you ever been convicted of any crime? (Include misdemeanors and any plea of “guilty” or “no contest.” Exclude minor traffic violations. A conviction of a crime will not necessarily be a bar to volunteering. This information will be used only for work-related purposes and to the extent permitted by applicable law.)

Yes No If yes, give details: _____

What skills or additional training do you have that you would be able to offer as a volunteer?

Areas of interest:

- Fundraising Organizing Maintenance Pool
 Front Desk Mailings Housekeeping Marketing
 Other: _____

How long are you able to volunteer? _____ When are you able to start? _____

Availability? _____

Volunteer Signature

Date

**eliminating racism
empowering women**
ywca

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