YWCA Knoxville 420 West Clinch Avenue Knoxville, TN 37902 865/523-6126

Fax: 865/637-5263

Phyllis Wheatley Center 124 South Cruze Street Knoxville, TN 37914 865/546-0651

## VOLUNTEER APPLICATION YWCA KNOXVILLE

Name:		Dat	te:
Address:	City:	State:	Zip:
E-Mail:			
Telephone: (Home)		(Work)	
Place of Employment:			
Job Title:			
Age Range: 15-19	20-30 31-40 _	41-55	Over 55
<b>Emergency Contact Name and</b>	d Number:		
In what area would you like to v	olunteer? Residence	Victim Advocacy	Y-Teens
Phyllis Wheatley Center	Club W Health Ed	Children ASP	Seniors
What experience have you had	in this area?		
When would you be available (c	lays and hours)?		
Please list three references:			
Name		Phone	
Address:			
Profession:			
Name			
Address:			
Profession:			
Name		Phone	
Address:			
Profession:			
State Laws require that we as	k the following question	s:	
Have you ever been convicted on Do we have your permission to Has there ever been a "founded	check your criminal record " allegations of child abus	d? Yes No e against you? Yes	No
I also give my permission for the check my background, fingerpri clients and the YWCA. I also ag	nt if necessary, and call re	ferences. I agree to co	nfidentially amongst
Name:		Date:	

## Availability (Optional)

If you have a specific time each week you are available to volunteer, check the boxes you are available.

	8	9	10	11	12	1	2	3	4	5	6	7
	AM	AM	AM	AM	PM							
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												·
SUN												

You may also let me know any specific information about your availability here below.							

The YWCA thanks you and appreciates any time that you can donate to further our mission of the YWCA.