

# YWCA Lincoln Volunteer Application

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_  Home  Business  Cell  Other

Evening Phone Number: \_\_\_\_\_  Home  Business  Cell  Other

E-mail Address: \_\_\_\_\_

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I would like to volunteer!

Please check all that apply:

- |                                                                  |                                               |                                                       |                                             |
|------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Advocacy                                | <input type="checkbox"/> Clerical             | <input type="checkbox"/> Education                    | <input type="checkbox"/> Eliminating Racism |
| <input type="checkbox"/> En Pointe Dance Academy                 | <input type="checkbox"/> Fostering Dreams     | <input type="checkbox"/> Job Outfitters               |                                             |
| <input type="checkbox"/> Leadership and Public Service Institute | <input type="checkbox"/> Maintenance/Cleaning | <input type="checkbox"/> SMART Girls Club             |                                             |
| <input type="checkbox"/> Southeast Nebraska Respite              | <input type="checkbox"/> Take A Break         | <input type="checkbox"/> Young Women's Advisory Board |                                             |

Availability: Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Time:  Mornings  Afternoons  Evenings  Immediately

Past Volunteer Experience:

Why did you choose the YWCA Lincoln? \_\_\_\_\_

Work Experience: \_\_\_\_\_

Civic/Professional/ Affiliation: \_\_\_\_\_

Please list any activities, skills, expertise, education and/or training which you feel may be relevant:

Other Languages Spoken: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

References: Please list two (2) references (other than relatives or personal friends).

Name	Address	City, State, Zip	Phone Number	Position

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

# Statement of Confidentiality

As a volunteer for the YWCA Lincoln, I understand that all information regarding clients is strictly confidential.

I understand that I must respect an individual's right to privacy and am not to discuss or divulge either in spoken or written word any information to others which might be construed as a breach of that confidentiality.

Any exchange of information is to be kept within the confines of the YWCA Lincoln.

I understand that if at any time I have any questions or concerns about this issue I should consult with my YWCA Lincoln staff partner.

All information disclosed by you or otherwise obtained by the YWCA Lincoln shall be fully protected in accordance with the YWCA Lincoln's privacy and confidentiality policies.

## YWCA Lincoln Statement of Nondiscrimination

The YWCA Lincoln is committed to the empowerment of women. Programs, services and the facility will be coordinated and structured so as to be inclusive of all women, irrespective of differing characteristics. The YWCA Lincoln will support women and advocate on their behalf.

Because of our commitment to the empowerment of women, we will actively work, both within the YWCA Lincoln and in the community, to eliminate any discrimination based upon race, sex, class, age, physical ability, sexuality and lifestyle, religion, education, intelligence, size, appearance, and all other forms of oppression.

Volunteer Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_