



**YWCA SAN GABRIEL VALLEY**  
 943 North Grand Avenue, Covina, CA 91724  
 Tel: 626.960.2995 • Fax: 626.814.0447 • www.ywcasgv.org

**SENIOR SERVICES**  
 YWCA Intervale  
 24-Hour Message Line: 626.214.9465

**DOMESTIC VIOLENCE**  
 YWCA WINGS  
 24-Hour Help Line: 626.967.0658

## Volunteer/Internship Application

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

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

Phone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

\_\_\_\_\_

Secondary Email: \_\_\_\_\_

Current Employer/Title: \_\_\_\_\_

Are you currently an employee of the YWCA SGV, (circle one) yes or no

Note: If yes, please notify your supervisor that you intend to also be a volunteer for the YWCA.

### Interested in:

Internship/Independent Study (Specify field of study): \_\_\_\_\_

Currently:  High school Student  Undergraduate Student  Graduate Student  Post-Graduate

School/University Name: \_\_\_\_\_ Is this a required Internship: (circle one) yes or no

Volunteer

### Area of Interest:

Special Events

Fund Development

Outreach and Education

Communication and Marketing

Senior Services/Meals on Wheels

YWCA-WINGS Domestic Violence services

Other (Please specify): \_\_\_\_\_

### Highest Level of Education Obtained:

High School

College

Graduate School

Vocational

Other (specify): \_\_\_\_\_

### Time Commitment:

\_\_\_ x week

\_\_\_ x month

Seasonal (Specify): \_\_\_\_\_

once per year

Other (Specify): \_\_\_\_\_

### Availability:

	Sun	M	T	W	Th	Fr	Sat
Hours Available							

**Please list three references that we may contact:**

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

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**Bilingual?** (circle one) Yes or No

**If yes, what language(s)** \_\_\_\_\_

**Special training, skills or interests:**

**Where did you hear about YWCA-SGV and our volunteer opportunities?** *(select all that apply)*

- Word of Mouth
- Health Fair
- School event
- YWCA Website/Facebook
- YWCA-WINGS Domestic Violence services
- Other (specify): \_\_\_\_\_

**What accommodations, if any, would you need to accomplish this volunteer position:**

**Provide any comments, questions, or concerns that you may have:**

\_\_\_\_\_  
\_\_\_\_\_

**\*Please attach a resume or a document that lists your previous work and volunteer experience as well as your educational background**

**Applicants Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_