



54 Nagle Avenue, New York, NY 10040 212-569-6200 www.ywashhts.org

## Volunteer Application

### Basic Information

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

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

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

Phone (cell): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

### Education

	Elementary School	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Please circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Please list any activities or groups in which you currently participate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any honors or awards that you have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special skills or qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Additional Information**

Do you speak any languages other than English? Yes \_\_\_\_ No \_\_\_\_ Languages: \_\_\_\_\_

Do you have any food allergies? Yes \_\_\_\_ No \_\_\_\_ Allergies: \_\_\_\_\_

Do you have any physical limitations? If yes, explain \_\_\_\_\_

As an volunteer, how will you get to your assignment?

Public Trans Walk Bus/Van Taxi Car

Why are you interested in volunteering at the Y? \_\_\_\_\_

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What are your professional or educational goals? \_\_\_\_\_

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Please describe any previous volunteer experience. Please include organization name, location, and date.

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Please describe any previous experience working with children and/or with seniors. Please include organization name, location and date.

Four horizontal lines for text entry.

**Emergency Contact**

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

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

**References**

Please provide two personal references (other than family members) whom we may contact

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

Please return the completed application to the Volunteer Coordination department at the Y either in person by the following methods:

- E-mail: volunteer@ywashhts.org
- Mail: Attn: Volunteer Coordinator  
YM & YWHA of Washington Heights and Inwood  
54 Nagle Avenue  
New York, NY 10040

If you have any questions, please contact the Volunteer Coordinator at 212-569-6200 ext 246