

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

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

VOLUNTEER APPLICATION YWCA OF KNOXVILLE

Name: _____ Date: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Place of Employment: _____

Age Range: 15-19 _____ 20-30 _____ 31-40 _____ 41-55 _____ Over 55 _____

Emergency Contact Name and Number: _____

In what area would you like to volunteer? Residence _____ Victim Advocacy _____ Y-teens _____

Phyllis Wheatley Center _____ Health Ed _____ Day Camp _____ Adult Day Service _____

What experience have you had in this area? _____

When would you be available (days and hours)? _____

Please list two references:

Name _____ Phone _____

Address: _____

Profession: _____

Name _____ Phone _____

Address: _____

Profession: _____

Have you ever been convicted of a crime? If so, please explain: _____

I understand that I am a volunteer for the YWCA programs and, as a volunteer, I am not an employee. Thus, I understand that I am not covered by worker's compensation. I also give my permission for the YWCA of Knoxville to make a photocopy of my driver's license so that an appropriate reference check can be made as needed.

Name

Date

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