

YWCA Cass Clay Group Volunteer Application



Group Name _____ Address Belongs To: _____
Address _____ City/State/Zip _____ Group Contact
Contact Name _____ Contact Number _____
Email _____ Type of Group Community Group Business
 School Church Other

Requested Volunteer Date(s) and Time(s) _____

Number of Volunteers _____ Are all volunteers 18 years old or over? **YES / NO** If not, what age(s)? _____

Does anyone require special accessibility or accommodations? **YES / NO** If yes, please explain.

Have you previously volunteered at YWCA Cass Clay? **YES / NO** If yes, when? _____

What would your group like to gain from your volunteer experience?

What else should we know about your group?

Below are our common volunteer group activities. Please indicate if you are interested in any particular opportunities (*availability subject to department needs*)

- | | |
|--|---|
| <input type="checkbox"/> Outdoor Grounds Care & Maintenance | <input type="checkbox"/> Housing Program Helper: Painting, moving furniture, staging apartments, organizing storage |
| <input type="checkbox"/> Planning a special event for residents: Ex. Game Night, Spa Day | <input type="checkbox"/> Deep Cleaning and Sanitizing |
| <input type="checkbox"/> Sorting Donations | <input type="checkbox"/> Planning an afterschool activity for our Study Buddies Program (<i>runs Mon-Thu 3-5pm</i>) |
| <input type="checkbox"/> Hosting a meal for the residents | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Organizing Storage and Closets | |

Anywhere we can help

How did you hear about volunteering at YWCA Cass Clay?

ONLINE **FAMILY/FRIEND** **EVENT** **SCHOOL** **OTHER:** _____

I certify that the above information is true, to the best of my knowledge.

Signature _____ Date _____

Completed form should be sent at least two weeks prior to requested date to the Volunteer & Donations Coordinator at volunteer@ywcacassclay.org, mailed to 3000 South University Drive, Fargo, ND 58103, or faxed to (701) 232-9408.