

Friends of Yates, Inc.  
**VOLUNTEER APPLICATION FORM**

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Name

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Phone Number

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Date of Birth

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Home Address

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City, State

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Zip

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Employed By (If Employed)

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Phone Number

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Address

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Email

How do you prefer to be contacted?      By Phone      By Mail      By Email

May you be called at work?  Yes       No

Brief description of work: \_\_\_\_\_

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Formal Education (highest year of school completed): \_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, which language \_\_\_\_\_

Do you drive?  Yes  No      Do you have regular access to a car?  Yes  No

Current community activities: \_\_\_\_\_

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List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

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What are your reasons for wanting to participate as a Friends of Yates, Inc. volunteer?

Friends of Yates, Inc.

Have you had any personal experience(s) involving?

- Advocacy
- Child Care
- Court System
- Other agencies offering services to women/children

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you learn of our program: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Zip Code	Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in the area? \_\_\_\_\_

Friends of Yates, Inc., Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Friends of Yates, Inc.  
**PART TWO**

Please answer the following questions in **paragraph form** on a separate piece of paper.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain your knowledge about victims of domestic violence.

**PLEASE RETURN YOUR COMPLETED APPLICATION:**

Community Outreach/Educator  
Friends of Yates, Inc.  
1418 Garfield Ave.  
Kansas City, KS 66104  
or  
Fax: (913) 321-1569