



Thank you for your interest in volunteering for YWCA Greenwich. Please complete the following information:

Contact Information

Name: _____ Phone Number: _____

Address: _____

Email: _____ Date of Birth: _____

Preferred Area to Volunteer

- | | | |
|--|--|---|
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Domestic Abuse Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Kaleidoscope After-School | <input type="checkbox"/> Fitness | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Facilities | _____ |

Reason for volunteering

- To fulfill a commitment To give back Other (Please Specify) _____
- _____

Do you know a current YWCA employee or volunteer? (If yes, please include name)

About You

Please indicate the days and hours that you are available:

Do you have special skills that we should be aware of?

For questions about volunteering please contact the YWCA Greenwich Advancement Department at [\(203\) 869-6501](tel:2038696501)