



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Volunteer Application

Please print legibly in ink. You must complete the entire application.

DATE: _____

APPLICANT INFORMATION	
Name (first, middle, last)	Telephone # ()
Address (street, city, state, zip code)	Cell Phone # ()
Please list any other names under which you have worked or attended school.	Social Security # - -
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth _____ Volunteers under 18 years of age will need written permission from their parent or guardian.	Email address
Are you a current member of the South Wood County YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted. We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.	
ASSIGNMENT PREFERENCES – Indicate availability for volunteer service (check all that apply)	
Days of the Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Times of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening List hours per week desired _____	
Please indicate <u>in numerical order the top three areas of interest</u> :	
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Member Services
<input type="checkbox"/> Preschool	<input type="checkbox"/> School Age Childcare
<input type="checkbox"/> Prime Time/Family Fun Centers	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Adult Leagues
<input type="checkbox"/> Special Events	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Office
<input type="checkbox"/> Committees or Board	
ADDITIONAL INFORMATION	
Please list all training, skills, certifications, etc. which you plan to utilize in your volunteer service.	
Describe your goals for performing volunteer service with the YMCA.	
How did you learn of volunteer opportunities at the YMCA? (check all that apply)	
<input type="radio"/> Volunteer Fair _____	<input type="radio"/> Community Agency _____
<input type="radio"/> School/College _____	<input type="radio"/> Newspaper/Radio _____
<input type="radio"/> YMCA Web Site _____	<input type="radio"/> Employee/Volunteer Referral _____
	<input type="radio"/> Other _____

WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer service before? Yes No If yes, when? _____

Please describe:

Have you ever been paid to work for the YMCA? Yes No If yes, when? _____

Please describe:

Are you currently employed? Yes No May we contact your current employer for reference purposes? Yes No

Name of Employer

Job Title

Name of Immediate Supervisor

Telephone Number ()

PERSONAL/PROFESSIONAL/FAMILY REFERENCES

Name

Daytime Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Name

Daytime Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

EMERGENCY CONTACT INFORMATION

Name

Telephone Number ()

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. I authorize the South Wood County YMCA to investigate and verify any and all information provided on this volunteer application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.
3. Regardless of whether or not I become a volunteer with the South Wood County YMCA, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the South Wood County YMCA is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the South Wood County YMCA's unless specifically provided otherwise.

Signature:

Date: