



Application For Volunteer Service

| | | | | | |
|---|--|--------------------|--------------------|--|--|
| NAME: _____ <div style="display: flex; justify-content: space-around; font-size: small;">LAST FIRST MIDDLE</div> | | | DATE: _____ | | |
| STREET ADDRESS: | | | | | |
| CITY: | | STATE: | ZIP CODE: | | |
| HOME PHONE: | | WORK PHONE: | | | |
| EMERGENCY CONTACT NAME: | | PHONE: | | | |
| EMAIL ADDRESS: | | | | | |

AVAILABILITY
TO HELP US PLACE YOU IN THE BEST VOLUNTEER JOB FOR YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS.

DAYS AND HOURS OF THE WEEK YOU CAN WORK?

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------|--------|---------|-----------|----------|--------|----------|--------|
| HOURS | | | | | | | |

NUMBER OF HOURS PER WEEK YOU WOULD LIKE TO VOLUNTEER? _____ DATE YOU CAN START? _____

ARE YOU INTERESTED IN: ON-GOING VOLUNTEER WORK? _____ SHORT-TERM PROJECTS? _____

THE YMCA SERVES PEOPLE OF ALL AGES AND BACKGROUNDS. CIRCLE THE GROUP(S) YOU WOULD LIKE TO WORK WITH:

- | | |
|------------------------|--------------------------|
| A. INFANTS/TODDLERS | F. ADULTS |
| B. 3-5 YEAR OLDS | G. FAMILIES |
| C. ELEMENTARY AGE | H. SENIOR CITIZENS |
| D. YOUNG TEENS (11-14) | I. PHYSICALLY CHALLENGED |
| E. OLDER TEENS (15-18) | J. MENTALLY CHALLENGED |

WHERE WOULD YOU LIKE TO WORK WITHIN THE YMCA FACILITIES? CIRCLE AS MANY AS YOU LIKE (NOT ALL YMCAS HAVE THESE FACILITIES):

- | | | |
|--------------------|-------------------|---------------------------------------|
| A. OFFICE | E. GYM/TRACK | I. OUTSIDE (CAMP, SOCCER FIELD, ETC.) |
| B. MEMBERSHIP DESK | F. AEROBIC STUDIO | J. NEIGHBORHOODS |
| C. POOL | G. NURSERY | K. ANY LOCATION |
| D. FITNESS CENTER | H. SCHOOLS | |

WHAT VOLUNTEER JOB(S) ARE YOU APPLYING FOR (SEE VOLUNTEER JOB GUIDE): _____

EDUCATION COMPLETED? JR. HIGH _____ HIGH SCHOOL _____ COLLEGE DEGREE _____

HIGHEST DEGREE(S) _____ COURSE OF STUDY _____

PAID OR VOLUNTEER WORK EXPERIENCE (JOB TITLE, NAME AND COMPANY):

TO PROTECT OUR CHILDREN, THE YMCA DOES A CRIMINAL RECORDS CHECK ON ALL VOLUNTEERS. MAY WE RUN A RECORDS CHECK ON YOU? _____ YES _____ NO

REFERENCES: PLEASE GIVE THE NAMES OF 3 PEOPLE NOT RELATED TO YOU WHO YOU HAVE KNOWN FOR AT LEAST 2 YEARS AND A PHONE NUMBER AND ADDRESS WHERE THEY CAN BE REACHED:

1. NAME _____ PHONE _____
ADDRESS _____

2. NAME _____ PHONE _____
ADDRESS _____

3. NAME _____ PHONE _____
ADDRESS _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING. WE WILL CONTACT YOU SOON TO SET UP AN INTERVIEW. PLEASE BE AWARE THAT WE DO NOT TRADE OUT MEMBERSHIPS OR PROGRAMS IN EXCHANGE FOR VOLUNTEERING.

OFFICE USE ONLY

| | | |
|------------------|------------------|----------------|
| 1. TITLE _____ | START DATE _____ | END DATE _____ |
| DEPARTMENT _____ | SUPERVISOR _____ | EHR _____ |
| 2. TITLE _____ | START DATE _____ | END DATE _____ |
| DEPARTMENT _____ | SUPERVISOR _____ | EHR _____ |
| 3. TITLE _____ | START DATE _____ | END DATE _____ |
| DEPARTMENT _____ | SUPERVISOR _____ | EHR _____ |

YOUR YMCA, REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND AND BODY. FINANCIAL ASSISTANCE IS AVAILABLE BASED ON NEED. THE YMCA ACTIVELY SEEKS TO IDENTIFY AND INVOLVE THOSE IN NEED.

OUR VALUES:

CARING • HONESTY • RESPECT • RESPONSIBILITY