



Family YMCA of Marion & Polk Counties Volunteer Application

Volunteers are considered without regard to race, color, national origin, gender, age, sexual orientation, physical or mental disability, or any other bias protected by federal, state, or local legislation concerning equal opportunity employment.

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE ZIP

PRIMARY PHONE _____ SECONDARY PHONE _____

EMAIL _____ ARE YOU 18 YEARS OF AGE OR OLDER? __YES __NO

EMERGENCY CONTACT NAME & PHONE # _____

AREAS OF INTEREST/SKILLS

 Please check all that apply

CHILDREN: ()CHILD WATCH ()COACHING ()DANCE ()AQUATICS ()CAMP ()YOUTH ACTIVITY CENTER

YOUTH: ()HOUSING FOR YOUTH & GOVERNMENT

ADULTS: ()LOCKER ROOM ATTENDANT ()FITNESS CLASSES ()WEIGHT TRAINING

EVENTS: ()SET-UP/TAKE-DOWN ()PROMOTIONAL BOOTH ()ACTIVITIES BOOTH

FACILITY: ()REPAIRS/IMPROVEMENTS ()LAUNDRY ()CLEANING ()RESTOCK SUPPLIES

FUNDRAISING: ()CAMPAIGNER ()BOOK SALE

ADMINISTRATION: ()BOARD MEMBER ()ADVISORY BOARD

OFFICE/CLERICAL: ()WEB SITE ()BULK MAIL ()FILING ()TRANSLATION-(ENGLISH TO: _____)

OTHER: () COMMUNITY SERVICE: EXPLAIN _____

AVAILABILITY & LOCATION

DATE AVAILABLE TO BEGIN _____ BRANCH/LOCATION _____

APPROXIMATE NUMBER OF HOURS AVAILABLE _____ ()per DAY or()per WEEK or()Per MONTH or ()Per YEAR

CHECK ANY TIMES YOU ARE AVAILABLE TO VOLUNTEER:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
EVENINGS							

COMMENTS ABOUT AVAILABILITY: _____

EMPLOYMENT HISTORY

Please provide at least 6 months of employment history. Use additional sheets if necessary.

EMPLOYER #1 _____ JOB TITLE _____

DATES OF EMPLOYMENT-FROM _____ TO _____ SUPERVISOR NAME _____

SUPERVISOR PHONE _____ IS IT OK TO CONTACT THIS EMPLOYER? __YES __NO

EMPLOYER #2 _____ JOB TITLE _____

DATES OF EMPLOYMENT-FROM _____ TO _____ SUPERVISOR NAME _____

SUPERVISOR PHONE _____ IS IT OK TO CONTACT THIS EMPLOYER? __YES __NO

VOLUNTEER EXPERIENCE

Use additional sheets if necessary for more volunteer experience.

ORGANIZATION NAME _____ VOLUNTEER DATES-FROM _____ TO _____

SUPERVISOR NAME _____ SUPERVISOR PHONE _____

WORK PERFORMED _____

REFERENCES

Please list three personal references.

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED _____ CITY, STATE _____

DID YOU GRADUATE OR RECEIVE A GED? YES NO STILL ATTENDING

COLLEGE OR UNIVERSITY ATTENDED _____ CITY, STATE _____

DID YOU GRADUATE OR RECEIVE A GED? YES NO STILL ATTENDING DEGREE ATTAINED: _____

COLLEGE OR UNIVERSITY ATTENDED _____ CITY, STATE _____

DID YOU GRADUATE OR RECEIVE A GED? YES NO STILL ATTENDING DEGREE ATTAINED: _____

ADDITIONAL TRAINING OR CURRENT CERTIFICATIONS HELD _____

VOLUNTEER STATEMENT

Have you ever volunteered for the YMCA of Marion & Polk Counties before? Yes No
If so, please provide details _____

Have you ever been employed by the YMCA of Marion & Polk Counties before? Yes No
If so, please provide details _____

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No
If yes, please explain _____

If selected as a volunteer, would you agree to sign a Volunteer Code of Conduct? Yes No

If selected as a volunteer, would you agree to a criminal background check? Yes No

APPLICANT AGREEMENT

- I certify that the information in the application is correct and complete to the best of my knowledge.
- Acceptance into the volunteer program with the YMCA of Marion and Polk Counties is contingent upon satisfactory pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background check, and training.
- I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on the application will be cause for dismissal.
- I authorize the YMCA of Marion and Polk Counties to verify the information provided on this application and to conduct a criminal background check. I will hold no person liable for giving or receiving information regarding this application.
- I agree to abide by the policies of the YMCA of Marion and Polk Counties.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

(IF APPLICANT IS LESS THAN 18 YEARS OLD)