



**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)*