



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: () PLAY & LEARN () DANCE () AQUATICS
- CHILDREN: () PRESCHOOL () SCHOOL-AGE () SUMMER DAY CAMP
- CHILDREN: () CAMP GREIDER () CAMP SILVER CREEK
- CHILDREN: () COACHING PREFERRED SPORT _____
- YOUTH: () YOUTH & GOVERNMENT
- ADULTS: () FITNESS CLASSES () WEIGHT TRAINING
- FACILITY: () LAUNDRY () CLEANING () RESTOCK SUPPLIES
- FUNDRAISING: () CAMPAIGNER () BOOK SALE () SET-UP and or CLEAN-UP
- ADMINISTRATION: () BOARD MEMBER () ADVISORY BOARD
- OFFICE/CLERICAL: () 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
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? YES NO STILL ATTENDING **DEGREE ATTAINED:** _____

COLLEGE OR UNIVERSITY ATTENDED _____ **CITY, STATE** _____

DID YOU GRADUATE? 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 _____

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

APPLICANT AGREEMENT

I understand that falsification, misrepresentation, or omission of facts will result in immediate removal of my application from consideration. I authorize the Family YMCA of Marion & Polk Counties to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide authorization concerning my experience releasing all parties from any liability arising there from including a criminal background check. I understand my position may be terminated at any time at the option of the YMCA or myself and that this is not an agreement for employment nor will I receive compensation or discounts of any kind for my volunteer work.

I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I also that I may be photographed providing opportunity for YMCA promotions.

My signature below certifies that I have read and understand and I agree to be bound by the terms and conditions stated in this application. This application contains all the understanding between me and the Family YMCA of Marion & Polk Counties concerning the nature of my volunteer work.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____

(IF APPLICANT IS LESS THAN 18 YEARS OLD)