

Foundation YMCA Volunteer Application

Today's Date: _____

Personal Data

Last _____ First _____ Middle _____
 Address _____ Social Security No. _____
 City _____ State _____ Zip Code _____ E-mail _____
 Preferred Name/Nickname _____ Drivers License No. _____
 Day Phone Number _____ Evening Phone Number _____
 Have you ever volunteered at a YMCA? Yes No If yes, where? _____
 Have you ever been convicted of any unlawful offense (other than a minor traffic violation)? Yes No
 If yes, explain _____

Volunteer Data

Areas of Interest: 1) _____ 2) _____
 3) _____ 4) _____
 The date you can start volunteering: _____
 Type of hours: Full Time Part Time Seasonal/Temporary
 Morning Days Evenings Other _____
 Do you have valid CPR and First Aid Certifications? Yes No
 Please list other skills/certifications you possess _____

Education

Education	Name and Location	Degree Earned & Major	Year Recv'd	Credit Hours	GPA
High School Diploma/GED		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University					
Graduate or Professional					
Other					

Circle Highest Grade Completed 9 10 11 12 GED 13 14 15 16 17 18

Volunteer History

Organization _____ Dates _____

Contact Person _____ Phone _____

Duties _____

Organization _____ Dates _____

Contact Person _____ Phone _____

Duties _____

Organization _____ Dates _____

Contact Person _____ Phone _____

Duties _____

References

Professional References—list two (2) people (no relatives) you have volunteered with and whom we may contact.

Name _____ Title _____ Daytime Phone _____

Name _____ Title _____ Daytime Phone _____

Personal References—list two (2) people (no relatives) you know whom we may contact.

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Signature

Read Carefully Before Signing:

1. The YMCA's Mission is to: put Christian principles into practice through programs that build healthy body, mind and spirit for all.
2. I certify that the statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to volunteer if at any time the Wilson Family YMCA discovers that I have omitted, misstated, or falsified information on this application.
3. I authorize the Foundation YMCA to conduct a background inquiry to verify the statements, documentation, and information on this application, including background investigations, criminal convictions, motor vehicle history, and other reports. I authorize all previous persons who have knowledge of me, or my records, to release such information to the YMCA. I hereby release any individual, and the YMCA from all claims or liabilities whatever that may arise from the disclosure of such information.
4. I am aware that the Wilson Family YMCA is a Christian oriented association and I agree to uphold its mission, values, ideals and policies.

My signature certifies that I have read and agree with the above statements.

Signature of applicant _____ Date _____