



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHANGE LIVES CHANGE YOUR COMMUNITY



VOLUNTEER APPLICATION

Date: _____

Mark all of the areas you are interested in volunteering:

- Administration/Clerical
- Special Events
- Maintenance
- Greeters

- Aquatics
- Wellness/Fitness
- Child Watch
- Youth Programs

- Youth Sports
- Adult Sports
- Tutor/Mentor
- Camp

Name _____ DOB: ____ / ____ / ____ Are you over 18? ____

Address _____ City/State/Zip _____

Phone _____ Email _____

Criminal Background Check

Volunteers must have a criminal background check completed prior to any accumulation of volunteer hours. If a sex offender match occurs, the YMCA reserves the right to remove your facility use and end volunteer participation.

You must supply your Social Security # for Background Check

Have you ever volunteered at the Y before? Yes No

MARK THE DAYS AND TIMES AVAILABLE TO VOLUNTEER:

Weekdays Mon. _____ Tues. _____ Wed. _____ Thurs. _____
Weekends Fri. _____ Sat. _____ Sun. _____

Are you a member of the YMCA? Yes No

What volunteer position are you seeking?

Why are you interested in volunteering with the YMCA?

Emergency Contact: _____ Phone: _____

Relationship to you: _____

Long term volunteers (coaches) must complete a video course that will be emailed to you from Praesidium Academy. The course is called "Abuse Risk Management for YMCA Volunteers" and it will take you approximately 20 minutes to complete. Please email course completion certificate to your YMCA supervisor, we track your course completion so please allow time before incurring any volunteer hours.

EMPLOYMENT:

Please fill out your current employment information

From:	To:	Employer:	Phone:
May we contact for reference? <input type="radio"/> Yes <input type="radio"/> No		Complete Address:	Job Title:
Supervisor:		Summarize the nature of your work and job responsibilities?	

REFERENCES:

List three references who have known you for at least three years whom you authorize us to contact:

TYPE	NAME	CONTACT INFORMATION	YEARS KNOWN
Personal		Email: Phone:	
Professional		Email: Phone:	
Professional		Email: Phone:	

*Professional references may include supervisors, co-workers, faith leaders, teachers, or school counselors.

**Personal reference should know the applicant for a minimum of one year.

GENEVA LAKES FAMILY YMCA - STATEMENT OF APPLICANT

In the Geneva Lakes Family YMCA efforts to attract the highest quality volunteers, I have been advised and authorized, that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my background, employment, activities, and character, and I fully consent to and authorize all such inquiries.

I understand that my continued involvement as a volunteer is contingent upon a clear criminal history background check. If the Geneva Lakes Family YMCA accepts my volunteer service, I will comply with all policies set forth by the Organization. I have read, understand, and support the YMCA's position on the problem of child abuse. I hereby waive any right to claim that any request or investigation is an invasion of my privacy since it is made with my consent and it is in my interest that I be considered for volunteer service.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or after my service begins, may cause for termination. I understand and agree that if my services as a volunteer are accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant_____
Date_____
Signature of Parent or Guardian (if the applicant is under 18 years of age)_____
Date