



South Wood County YMCA VOLUNTEER APPLICATION

Please print legibly in ink. You must complete the entire application.

DATE: _____

APPLICANT INFORMATION

Name (first, middle, last)	Telephone # ()
Address (street, city, state, zip code)	Cell Phone # ()
Please list any other names under which you have worked or attended school.	Social Security # - -
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth _____ Volunteers under 18 years of age will need written permission from their parent or guardian.	Email address

Are you a current member of the South Wood County YMCA? ☐ Yes ☐ No

Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? ☐ Yes ☐ No

If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted.

We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service: (check any that apply)

Days of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times of Day: ☐ Morning ☐ Afternoon ☐ Evening List hours per week desired _____

Please indicate in numerical order the top three areas of interest:

Programs:

<input type="checkbox"/> Aquatics/Swim Team	<input type="checkbox"/> Member Services	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Adult Leagues	<input type="checkbox"/> Preschool Classes	<input type="checkbox"/> Special Events
<input type="checkbox"/> Child Care/School Age Child Care	<input type="checkbox"/> Prime Time/Family Fun Centers	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Y Child Watch	<input type="checkbox"/> Committees or Board
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Office Support/Administrative

ADDITIONAL INFORMATION

Please list all training, skills, certifications, etc. which you plan to utilize in your volunteer service.

Describe your goals for performing volunteer service with the YMCA.

How did you learn of volunteer opportunities at the YMCA? (check all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="radio"/> Volunteer Fair | <input type="radio"/> Community Agency | <input type="radio"/> School/College |
| <input type="radio"/> Newspaper/Radio | <input type="radio"/> YMCA Web Site | <input type="radio"/> Employee/Volunteer Referral |
| <input type="radio"/> Other _____ | | |

WORK & VOLUNTEER SERVICE EXPERIENCEHave you ever performed volunteer service before? ☐ Yes ☐ No If yes, when? _____

Please describe:

Have you ever been paid to work for the YMCA? ☐ Yes ☐ No If yes, when? _____

Please describe:

Are you currently employed? ☐ Yes ☐ No May we contact your current employer for reference purposes? ☐ Yes ☐ No

Name of Employer

Job Title

Name of Immediate Supervisor

Telephone Number ()

PERSONAL/PROFESSIONAL/FAMILY REFERENCES

Name

Daytime Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Name

Daytime Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

EMERGENCY CONTACT INFORMATION

Name

Telephone Number ()

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. I authorize the South Wood County YMCA to investigate and verify any and all information provided on this ~~volunteer~~ application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.
3. Regardless of whether or not I become a volunteer with the South Wood County YMCA, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the South Wood County YMCA is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the South Wood County YMCA's unless specifically provided otherwise.

Signature:

Date: