



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The La Porte County Family YMCA believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.

PLEASE PRINT:

NAME _____
Last First Middle Initial

DATE OF BIRTH _____ E-MAIL _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____

CELL PHONE _____ BEST TIME TO CONTACT YOU _____

ARE YOU A MEMBER OF THE YMCA: YES ___ NO ___

WHAT IS YOUR CURRENT OCCUPATION _____

PLEASE CHECK WHICH DESCRIPTION(S) FITS YOUR CURRENT STATUS:

EMPLOYED FULL-TIME EMPLOYED PART-TIME STUDENT FULL-TIME
 STUDENT PART-TIME RETIRED STAY-AT-HOME
 OTHER _____

WHY WOULD YOU LIKE TO VOLUNTEER FOR THE YMCA _____

WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING _____

DO YOU HAVE CHILDREN INVOLVED IN ANY YMCA PROGRAMS YES ___ NO ___

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A CRIMINAL OFFENSE

YES NO IF SO PLEASE EXPLAIN _____

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____

HOME PHONE _____ CELL PHONE _____

PLEASE CHECK HOW YOU LEARNED ABOUT VOLUNTEERING AT THE YMCA

MEMBER OF OUR YMCA YMCA STAFF/VOLUNTEER
 OTHER _____

IN WHAT AREAS OF THE YMCA WOULD YOU LIKE TO VOLUNTEER (CHECK ALL THAT APPLY)

MEMBER SERVICES FUNDRAISING AFTER SCHOOL-TEENS
 ADMINISTRATION WELLNESS COACHING
 AQUATICS PRESCHOOL CHILDCARE
 SPECIAL EVENTS (Fun Night, Triathlon, Spring 5/K 10/K Race, Sunflower Fair,
Health Kids Day, Childcare Center Playground Clean-Up, Summer Camp, Aquatics)

PLEASE NOTE: Due to the specialized nature of some YMCA volunteer positions, specific eligibility criteria will be applicable

CURRENT OR PAST VOLUNTEER EXPERIENCE/TRAINING, CERTIFICATION AND OR EDUCATION, OTHER SKILLS (CARING FOR CHILDREN, LANGUAGES, ETC.)

REFERENCES – PLEASE LIST 3, WITH ONE BEING A RELATIVE

#1

#2

#3

EMPLOYMENT HISTORY

NAME OF COMPANY _____

EMPLOYMENT DATE _____

PHONE # _____

NAME OF CONTRACT PERSON _____

CONSENT TO COLLECTION AND DISCLOSURE

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the La Porte County Family YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with the La Porte County Family YMCA. I also understand that as long as I remain a volunteer here, they may repeat this criminal history record check at any time. I understand that the La Porte County Family YMCA does not carry Worker's Compensation Insurance on volunteers.

I also consent to the use of any photographs which may be taken to be used by the La Porte County Family YMCA in any local or national print or promotional production material.

APPLICANT'S PRINTED NAME

DATE

SIGNATURE

PARENT/GUARDIAN SIGNATURE
(REQUIRED FOR VOLUNTEERS UNDER 18 YEARS OF AGE)

PLEASE SIGN & RETURN CODE OF CONDUCT AND ATTACHED POLICE CHECK

2/29/2012