



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents! Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the Hastings area. At the YMCA, we know that your time and talent are valuable, and we want the time you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application.

Today's Date ____/____/____ (Month/Day/Year)

Mr. Mrs. Miss Ms. Rev. Dr. Other

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: _____ e-mail: _____

How long have you been at this address? _____ Date of Birth ____/____/____

Social Security Number _____ - _____ - _____ State of Birth _____

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

YOUR INTERESTS (help us find the best match for you)

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

Would you like to talk to someone about what kinds of volunteer opportunities might match your skills, talents, and interests? _____

Are there any particular skills, talents, or interests you'd like to share? _____

What other organizations have you volunteered for, if any? _____

RESIDENCES – Please list your last two addresses (excluding your current address) starting with the most recent:

1. Address _____

City _____ State _____ Zip _____

From ____/____ to ____/____ (Include month and year)

2. Address _____

City _____ State _____ Zip _____

From ____/____ to ____/____ (Include month and year)

EMPLOYMENT HISTORY – Please list your last three employers, starting with the most recent:

Name of organization 1: _____

Employed from when to when? _____ (Include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

(continued)

Name of organization 2: _____

Employed from when to when? _____ (Include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

Name of organization 3: _____

Employed from when to when? _____ (Include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

EDUCATION (Note: Formal education is not required to be a volunteer. We welcome experience of all kinds)

	Name and Location	Course of Study	Start and End Dates	Did You Graduate?	Degree or Diploma
High School					
College/post-secondary school					
Other					

Other skills (caring for children, languages, etc.)

BACKGROUND (the YMCA conducts background checks)

Please list here any other names you may have used in the past: _____

Driver's license number/state _____ Driver's license classification _____

Have you ever been convicted of a criminal offense? Yes No If so, what was it? _____

REFERENCES

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

2. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

3. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

Please list the names of any relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

Your signature _____ Date _____

Parent/guardian's _____ Date _____
signature (if under 18)