



MONROE COUNTY YMCA VOLUNTEER APPLICATION

(revised 5/2018)

Today's Date: _____

PERSONAL INFORMATION

NAME Last: _____ First: _____ Middle: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ Phone: _____ Relationship: _____

PERSONAL REFERENCE

Please provide a personal reference who has known you for at least two years and is not a relative.

Name: _____ Phone: _____ Relationship: _____

VOLUNTEER AREA OF INTEREST

PLAY AND LEARN (ongoing, M-Sat mornings) Play, read stories, crafts with children age six weeks –six years

WELCOME CENTER (ongoing, M-Sat mornings) Greet members, help with check-in, towels, and locks

YOUTH SPORTS (M-Th evenings, Fall/Winter Basketball, Spring/Fall Soccer, Summer T-ball) Coach teams

ADAPTED AQUATICS (ongoing, Fr. afternoons) Assist children who may have physical or cognitive disabilities

ADAPTED STRENGTH TRAINING (Wednesday afternoons 2:00 p.m.-3:00 p.m.) Assist adults who may have physical or cognitive disabilities

SWIM LESSONS (ongoing, weekday afternoons, Sat mornings) Assist in water

SERVICE IN FRIENDSHIP (ongoing, meet 1x/month) Knitters, crocheters and quilters to create items for Y For All Holiday Bazaar

SPECIAL EVENTS (1x, mostly weekends, SPLASH/March), Spring Run/April, Fall Run, Family Fun Night/January)
Duties vary based on event.

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH THE YMCA?

WHAT IS YOUR AVAILABILITY? (DAYS, TIMES, EVENINGS, WEEKENDS, ETC.) PLEASE BE SPECIFIC:

VOLUNTEER INFORMATION DISCLOSURE AND CONSENT

I understand and agree that:

1. Any misrepresentation or deliberate omission on this application may be justified as termination of volunteerism.
2. The YMCA will make a thorough investigation of work history and verification of all data. I authorize this investigation and I release any person for giving or receiving such information.
3. I have read and understand the above.
4. I understand that it is the YMCA's policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. The Monroe County YMCA will be seeking information in my background related to child abuse.

Date of Birth: (MM/DD/YY) _____ / _____ / _____ **Soc Security # (required):** _____ / _____ / _____

Gender: _____ Male _____ Female

Have you ever been convicted of a crime: _____ Yes _____ No

If "Yes", please explain: _____

Are you volunteering to fulfill court-ordered community service? _____ Yes _____ No

Please list the most recent cities and counties in which you have lived:

CITY	COUNTY	STATE	YEARS LIVED THERE
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER AGREEMENT

_____ I understand that I am a volunteer for a non-profit social service agency and that I am donating my time/service to the Monroe County YMCA as a volunteer, I understand that I will not receive any compensation, benefits, or exchange of privileges in return for my service.

_____ I understand that reimbursement for any personal expenses or auto use related to this position shall not be provided unless clearly agreed upon in advance, in writing, with the supervisor.

_____ I understand that failure to perform my assigned duties or follow YMCA policies, practices, and/or Volunteer Code of Conduct (available to view upon request) may result in the termination of the volunteer relationship. I further understand that either the YMCA or I can sever the volunteer relationship at any time with or without notice or cause.

Sign below indicating that you have read this entire page and agree to the above statements

Signature: X _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if volunteer is under 18 yrs)

For more information:
812.332.555 info@monroecountyyymca.org

For office use only

E-mail Sent: _____ BC Complete: _____ Forwarded to: _____

