



DATE: _____

PERSONAL (Please give your FULL, LEGAL name)

Last Name	First Name	Middle Initial	Home Phone: () _____ day _____ evening
I prefer to be called:			Alternate Phone: () _____ work _____ cell _____ other
Street Address:			E-mail Address: _____
City, State, Zip:			Best time to reach you: _____
Do you speak a foreign language? Yes ___ No ___ If so, please list:			Are you a year-round resident? Yes ___ No ___ If no, what months do you reside here?:
Who were you referred by?:			Are you 18 years or older? Yes ___ No ___ If No, birthdate:
Volunteer Position you are applying for:			Are you a YMCA member? Yes ___ No ___
Days Preferred (circle):	MON TUE WED THU FRI SAT SUN	Hours Preferred (circle):	8AM-1PM 1PM-5PM 5PM-8PM
Emergency Contact Name:		Relationship:	Phone #:
(Please list someone OUTSIDE your home - in the event of an emergency, we would automatically contact your home first, then this backup contact.)			
Have you been convicted of any criminal offense or released from prison in the past ten years?			Yes ___ No ___
If Yes, describe in full:			

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service?	Yes ___ No ___
If YES, name of school: _____	Number of hours needed: _____
Is this a Service-Learning requirement or Opportunity? Yes ___ No ___	Deadline to Complete Hours: _____

COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours?	Yes ___ No ___
If YES, offense: _____	Number of hours needed: _____
Parole/Probation Officer's Name: _____	Deadline to Complete Hours: _____
Phone: _____	

RELATED BACKGROUND

Have you previously volunteered for or been employed by another YMCA?	Yes ___ No ___	If YES, please list all YMCAs and dates:
YMCA	City, State	Dates Worked AND/OR Dates Volunteered
1) _____		
2) _____		
Current/most recent employer: _____	Location: _____	
Position: _____	How long? _____	
Current/most recently attended school: _____	Location: _____	
Current year in school/highest level completed: _____	Date completed (or graduation date): _____	
Other relevant background, training or volunteer experiences:		
Certifications held (include date of expiration):		

PLEASE COMPLETE BACK SIDE

AREAS OF INTEREST

Put a check by the areas that interest you.

<input type="checkbox"/>	HEALTH & FITNESS	<input type="checkbox"/>	TEEN CENTER
<input type="checkbox"/>	AQUATICS	<input type="checkbox"/>	SPECIAL EVENTS
<input type="checkbox"/>	YOUTH SPORTS - COACH/ASST.	<input type="checkbox"/>	FUNDRAISING
<input type="checkbox"/>	SUMMER RESIDENT CAMP	<input type="checkbox"/>	VOLUNTEER RECRUITER
<input type="checkbox"/>	SUMMER CAMP COUNSELOR	<input type="checkbox"/>	CLERICAL AIDE
<input type="checkbox"/>	STORY TELLING	<input type="checkbox"/>	MARKETING/DESIGN
<input type="checkbox"/>	PRESCHOOL AIDE	<input type="checkbox"/>	WRITING/PHOTOGRAPY
<input type="checkbox"/>	AFTER SCHOOL CHILD CARE	<input type="checkbox"/>	MAINTENANCE

REFERENCES

For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every volunteer. Appropriate references may include supervisors, co-workers, faith leaders, teacher or school counselors. Please do not list relatives/household members.

1	Name: _____	Relationship: _____	Phone Number: _____
2	Name: _____	Relationship: _____	Phone Number: _____
3	Name: _____	Relationship: _____	Phone Number: _____

I certify that all of the information provided on this Volunteer Application is true and complete. I authorize the Family YMCA of the Desert to investigate and verify all of the information I have submitted. I understand that to insure the safety of every YMCA member, all YMCA volunteers, who are 18 years or older, are fingerprinted and a background check is run.

Signature

Date

FOR YMCA Staff Use Only

Interviewed by: _____ Interviewed on: _____
Department assigned to: _____ Supervisor: _____
Approximate Start Date: _____ Assigned Level: _____

Mandatory:

<input type="checkbox"/>	Release from Liability Form (ALL)	<input type="checkbox"/>	Recorded in CCC (ALL)
<input type="checkbox"/>	References (min. 2) (LEVEL 2,3,4)	<input type="checkbox"/>	Safety Training (LEVEL 4)
<input type="checkbox"/>	Fingerprint Completed (LEVEL 3,4)	<input type="checkbox"/>	Volunteer Handbook (LEVEL 3,4)
<input type="checkbox"/>	Child Abuse Form (LEVEL 2,3,4)	<input type="checkbox"/>	Child Abuse Training (LEVEL 3,4)