

BROOKVILLE YMCA APPLICATION FOR VOLUNTEER SERVICES

Thank you for considering the Brookville YMCA as a place to share your time and talents. Volunteers are vital to the YMCA. Without them, we would not be able to meet the needs of the children, families and adults.

At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions that include your interests, background and place of employment. We reserve the right to make background and reference checks on all volunteers. It's just one of the many ways we help to protect children and other vulnerable people served by the YMCA.

(Please Print)

Date of Application: _____

Name _____
Last
First
Middle Initial

Address _____

City _____ State _____ Zip Code _____

Telephone Day () _____ Evening () _____

Are you 18 years of age or older? _____ Yes _____ No

(If no, please have parent or guardian also sign this application.)

VOLUNTEER RELATED REFERENCES

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

Name	Daytime Phone	Evening Phone	Years Known
------	---------------	---------------	-------------

Name	Daytime Phone	Evening Phone	Years Known
------	---------------	---------------	-------------

Name	Daytime Phone	Evening Phone	Years Known
------	---------------	---------------	-------------

EMPLOYMENT EXPERIENCE

Are you employed? _____ Yes _____ No Please list your most recent employer:

Employer _____ Phone: () _____

Employment dates: From _____ To _____

Supervisor _____ Job Title _____

Job Duties _____

Reason for leaving (if applicable) _____

EDUCATION

Elementary _____ Years completed (circle) 1 2 3 4 5 6 7 8

High School _____ Years completed (circle) 9 10 11 12 Diploma

College _____ Diploma / Degree _____

Graduate/Professional _____ Diploma / Degree _____

Special Skills or Training _____

BACKGROUND INFORMATION

Certifications:

First Aid No Yes Type _____ Expiration Date _____

CPR No Yes Type _____ Expiration Date _____

YMCA Lifeguard No Yes Date _____

For jobs requiring driving:

1. Do you have a valid driver's license in this state? No Yes Lic. # _____
2. Do you have a valid Class B license in this state? No Yes
3. Do you possess a youth bus/school bus driver's certificate? No Yes
4. Do you own a vehicle that can be used for hauling? No Yes

EMERGENCY CONTACT

Name _____ Daytime Phone () _____
Address _____ Evening Phone () _____
Relationship _____

VOLUNTEER STATEMENT

I hereby affirm that the information given by me on this application for volunteering is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize investigation of all statements contained in this application. I understand this agreement and have read it carefully before signing.

Signature _____ Date _____

VOLUNTEER OPPORTUNITIES

I would be particularly interested in working as a:

- _____ Policy Volunteer (Those who serve on YMCA boards and committees.)
 - _____ Program Volunteer (Aquatics, Basketball, Camping, Childcare, Gymnastics, Health and Fitness, etc.)
 - _____ Support Volunteer (Those who help at the desk, in the office, in the facility, or where needed.)
 - _____ Fundraising Volunteer (Those responsible for the leadership and legwork that goes into successful fundraising.)
 - _____ Managerial Volunteer (Those willing to share their professional skills in the management of the Y.)
 - _____ Special Event Volunteer (Those willing to lend a hand at large public events.)
- _____ Open House _____ YMCA Family Dinner _____ Two-Day Tango
- _____ Laurel Race _____ Good Friday Breakfast _____ Lunch with Santa
- _____ Flex-Day Riot

Are there any special skills, talents or interests that you would like to share? _____
