

Alfred Campanelli YMCA  
Volunteer Application

Please Print Clearly

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Name \_\_\_\_\_ Telephone: Hm \_\_\_\_\_ Cell: \_\_\_\_\_

Residence Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at above address? \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

List last two previous residential addresses:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

1. What is your occupation? (Be Specific) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

2. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No (*Proof will be required*)

3. Are you at least 16 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No (*We comply with child labor regulations*)

4. Describe any formal/informal training you may have had as a volunteer? (Coaching Clinic, Courses, P.E. Degree, etc.)

\_\_\_\_\_  
\_\_\_\_\_

5. In which department/program are you interested in volunteering?

\_\_\_ Aquatics class instructor

\_\_\_ Preschool/Kindergarten

\_\_\_ Aquatics lifeguard

\_\_\_ Special Event \_\_\_\_\_

\_\_\_ Board/Policy committee

\_\_\_ Youth programs class assistant

\_\_\_ Parent/Child programs officer

\_\_\_ Parent assistant in my child's class

\_\_\_ Youth Sports coach

\_\_\_ Teen programs

\_\_\_ Youth Sports assistant

\_\_\_ Family Nights \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_ Youth Sports referee

\_\_\_ School age child care \_\_\_\_\_

\_\_\_ Fitness

\_\_\_ Office assistance \_\_\_\_\_

6. Why do you want to volunteer at the Alfred Campanelli YMCA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn the application over to complete it. All questions must be complete.

7. Please list any other agencies/organizations you have volunteered with or are currently involved in as a volunteer.

Name \_\_\_\_\_ Position \_\_\_\_\_  
 City, State \_\_\_\_\_ Dates \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
 City, State \_\_\_\_\_ Dates \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_  
 City, State \_\_\_\_\_ Dates \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

8. Is there any reason why the YMCA cannot contact any of these agencies as a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, why?

\_\_\_\_\_  
 \_\_\_\_\_

9. Please indicate your availability.

Times/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evenings							

10. Please list three personal references other than relatives over 18 years of age.

<i>Name</i>	<i>Work Phone</i>	<i>Home Phone</i>	<i>Relationship</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Answering "Yes" to the following question does not automatically disqualify you from volunteering at the YMCA. Each case will be reviewed on an individual basis.**

11. Have you ever been convicted of any criminal offense against the law within the last 10 years (you may omit minor traffic violations). If yes, please explain. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
 \_\_\_\_\_

12. High School Attended \_\_\_\_\_ # of Years Attended \_\_\_\_\_

Subjects or Degrees \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

13. College/University Attended \_\_\_\_\_ # of Years Attended \_\_\_\_\_

Subjects or Degrees \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

14. Trade School/Other Attended \_\_\_\_\_ # of Years Attended \_\_\_\_\_

Subjects or Degrees \_\_\_\_\_ Did you graduate? \_\_\_\_ Yes \_\_\_\_ No

15. List professional, trade, business or civic associations and any offices held. (Exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status):

Name of Organization \_\_\_\_\_ Office Held \_\_\_\_\_

Name of Organization \_\_\_\_\_ Office Held \_\_\_\_\_

Name of Organization \_\_\_\_\_ Office Held \_\_\_\_\_

16. Have you served in the United States Military? \_\_\_\_ Yes \_\_\_\_ No If yes, what branch? \_\_\_\_\_

Describe any special training you received? \_\_\_\_\_

17. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or during the volunteer process may be considered sufficient cause for rejection of this application or dismissal if I have been volunteering, no matter when discovered by the YMCA. I understand that if I receive an offer of volunteer duty, it will be condition on my passing a criminal background check.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_