



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

**PIEDMONT FAMILY YMCA
VOLUNTEER APPLICATION**

We thank you for your interest in volunteering at the Piedmont Family YMCA. We will review your volunteer application and do our best to match your interest with open positions. Once we have determined which department would best fit your needs, the immediate supervisor will contact you with additional information.

We greatly appreciate your decision to volunteer with our organization and look forward to working with you soon!

PERSONAL INFORMATION:

Name _____ Date _____
Last First Middle

Other names by which you have been known and applicable dates:

Date available to start: _____ Hours per day: _____

Availability: Monday Tuesday Wednesday Thursday Friday

Present Address _____
Street City State Zip Code How Long?

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Are you 18 years of age or older? (Requested for compliance to applicable state and federal laws) Yes No

EMERGENCY CONTACT INFORMATION:

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

INTERESTS:

Please check the programs in which you wish to volunteer:

- Aquatics Child Care Camp After School Youth Sports Administration
- Committee Work Fundraising Marketing / PR
- Other: _____

List your skills in this / these program(s): _____



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If any, what other organization(s) have you volunteered for? _____

Why have you decided to volunteer? _____

EDUCATION:

NOTE: FORMAL EDUCATION IS NOT REQUIRED TO BE A VOLUNTEER. WE WELCOME EXPERIENCE OF ALL KINDS!

Level	School with Address	Dates (Mo/Yr) From/To	Major Course of Study	Graduated Degree Earned
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
College				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Grad. School				<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Trade, Business Or Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No _____

Check computer proficiencies Word Excel Publisher Access Other _____

List all professional licenses, certifications, etc. along with date issued and name of the organization granting the license or certificate.

List any special skills, second languages, or other training you may have. _____

EMPLOYMENT HISTORY:

List any work experience beginning with most recent and including any periods of self-employment.

1. Company Name _____ Employed From _____ To _____

Address _____

Street City State Zip Code Phone

Position held _____ Type of Employment Part-time Full-time Temporary

Name and Title of Immediate Supervisor _____

Description of Duties _____

2. Company Name _____ Employed From _____ To _____

Address _____

Street City State Zip Code Phone

Position held _____ Type of Employment Part-time Full-time Temporary

Name and Title of Immediate Supervisor _____

Description of Duties _____



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REFERENCES:

Include at least two individuals who can comment on your work performance and character. You may include only unrelated personal references.

1. Name _____ Phone _____ Work Phone _____
 Company _____ Title _____
 Relation to Applicant _____ Length of Time Known _____

2. Name _____ Phone _____ Work Phone _____
 Company _____ Title _____
 Relation to Applicant _____ Length of Time Known _____

AGREEMENT:

<ol style="list-style-type: none"> 1. I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. 2. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteering decision and hereby release any such schools, persons, previous employers, agencies and organizations from any and all liability which they might otherwise incur as a result. 3. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of the volunteer position, or if accepted for a volunteering position, sufficient causes for my dismissal without advance notice. 	<ol style="list-style-type: none"> 4. In the event I am given the opportunity to volunteer, I understand that all volunteers are subject to dismissal at the discretion of the YMCA. I am free at any time to dismiss my volunteer position if I feel to do so. 5. I understand that beginning and continuing to volunteer with children in any YMCA program depends, in part, on the following: Satisfying the YMCA's requirements concerning: <ul style="list-style-type: none"> ✓ My criminal history record ✓ Reference checks ✓ Documents required by law 6. I understand that as long as I am volunteering with the YMCA, the YMCA may repeat any or all of the above requirements at any time.
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I have read, had the opportunity to ask questions, and understand the above statements and accept the same as a condition of my volunteering opportunity with the YMCA.

 Volunteer Signature

 Date

 Staff Signature

 Date