



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

## VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The Switzerland County YMCA believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.

- Individual Volunteer** (Please complete pages 1,2,4 and 5)
- Group Volunteers** Name of Group \_\_\_\_\_  
(Leader please complete pages 1 and 2; all group members must sign page 3 and complete pages 4 and 5 separately)
- Organization Volunteers** Name of Organization \_\_\_\_\_  
(Leader please complete pages 1 and 2; all group members must sign page 3 and complete pages 4 and 5 separately)

### PLEASE PRINT (Individual and Leader for Group and Organization volunteers)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

What is your occupation? (please be specific)

\_\_\_\_\_

Please check which description(s) fits your current status:

- Employed full-time                       Student full-time
- Employed part-time                       Student part-time
- Retired Stay-at-home parent             Other \_\_\_\_\_

Why would you like to volunteer for the YMCA?

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

What do you hope to gain from volunteering?

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

Do you have family involved in any YMCA programs?  Yes  No

Please check how you learned about volunteering at the Switzerland County YMCA.

- Member YMCA                       YMCA Staff/Volunteer                       Other: \_\_\_\_\_

In what areas of the YMCA would you like to volunteer? (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Member Services                   | <input type="checkbox"/> Teens              | <input type="checkbox"/> Fund-Raising   |
| <input type="checkbox"/> After School (Homework Tutor)     | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Committees     |
| <input type="checkbox"/> Administration (filing, scanning) | <input type="checkbox"/> Crafts             | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Mentoring                         | <input type="checkbox"/> Coaching           | <input type="checkbox"/> Aquatics       |
| <input type="checkbox"/> Group Exercise                    | <input type="checkbox"/> Grounds keeping    | <input type="checkbox"/> Snow removal   |
| <input type="checkbox"/> IT Services                       | <input type="checkbox"/> Other _____        |   |

Please check the days you are available and note what time works best for you to volunteer.

<input type="checkbox"/> MONDAY Time(s) available: _____	<input type="checkbox"/> TUESDAY Time(s) available: _____	<input type="checkbox"/> WEDNESDAY Time(s) available: _____	<input type="checkbox"/> THURSDAY Time(s) available: _____
<input type="checkbox"/> FRIDAY Time(s) available: _____	<input type="checkbox"/> SATURDAY Time(s) available: _____	<input type="checkbox"/> SUNDAY Time(s) available: _____	

**PLEASE NOTE:**

Due to the specialized nature of some YMCA volunteer positions, specific eligibility criteria will be applicable.

Current or Past Volunteer Experience/Training, Certification and/or Education (related or other):

\_\_\_\_\_

\_\_\_\_\_

**References: (Minimum 2)**

Name: _____	Phone Number: _____
Relationship: _____	
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**CONSENT TO COLLECTION AND DISCLOSURE**

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with the SWITZERLAND COUNTY YMCA. I also understand that as long as I remain a volunteer here, they may repeat this criminal history record check at any time.

I also consent to the use of any photographs which may be taken to be used by the YMCA in any local or national print or promotional production material.

_____ Applicant's Signature	_____ Date
_____ Parent/Guardian Signature (Required for volunteers under 18 years of age)	_____ Date

# THIS PAGE IS TO BE COMPLETE BY GROUP AND ORGANIZATION VOLUNTEERS

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