



VOLUNTEER APPLICATION HAMILTON AREA YMCA

Name: _____ Are you at least 13 years of age? Yes No

Address: _____

Phone Number: _____ E-mail: _____

Please indicate your areas of interest: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Health Fairs | <input type="checkbox"/> Teaching Classes |
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Leading Workshops | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Annual Campaign | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Togetherhood |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Member Greeter | <input type="checkbox"/> Y Connection |
| <input type="checkbox"/> Before and/or After School Programs | <input type="checkbox"/> SKOR & SOAR (Volunteers can be 12) | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Childcare Special Events | <input type="checkbox"/> Special Events Committee | |

Have you ever volunteered at the YMCA before? Yes No

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No

Why are you interested in volunteering with the YMCA? _____

Are you required to volunteer? Yes No If yes, how many hours are needed? _____ Deadline: _____

Name of school/agency/governing body requiring community service: _____

Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Professional Certifications: CPR First Aid Lifesaving Other

References: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers, or school counselors. One reference must be a family member/guardian.

Type	Name	Phone

I state that all of the information contained in this application is true and correct, and expressly authorize the investigation of all statements or answers to questions contained in this application. I understand and agree that any misrepresentation or omission of facts in this application shall be grounds for rejecting the application, or if discovered after the start of the volunteer assignment, shall result in immediate elimination of this volunteer opportunity.

I understand that, if I am 18 years of age or older, the Hamilton Area YMCA requires and my ability to volunteer is conditioned upon my successful completion of a criminal background check.

Signature: _____ Date: _____



Dear Applicant:

Thank you for your interest in applying to volunteer for the Diverse Abilities Summer Camp at Sawmill YMCA! Please fill out the information below. Once everything is completed, please email the application and information to diverseabilities@hamiltonymca.org

Thank you so much!

Jess Fremgen

Hamilton Area YMCA | Camp *Diverse Abilities* Coordinator

address: 185 Sawmill Road, Hamilton, NJ 08620

email: diverseabilities@hamiltonymca.org

www.hamiltonymca.org

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Diverse Abilities Camp - Buddy Program Registration/Emergency Contact Form

Name: _____ Age: _____

Phone: _____ Email: _____

Adult Shirt Size: S M L XL 2XL

Availability

Please check off your availability to volunteer

Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 27 - July 1					
July 5 - 8	NO CAMP				
August 15 -19					
August 22- 26					

Emergency Contact Information

Please list two individuals that can be reached throughout the day if needed.

1.) Name: _____ Relationship: _____

Phone (1st): _____ Phone (2nd): _____

2.) Name: _____ Relationship: _____

Phone (1st): _____ Phone (2nd): _____

References

List 3 references that you have known for at least 3 years that you authorize us to contact. References may include supervisors, co workers, faith leaders, teachers, or school counselors. One reference can be a family member or guardian.

Name	Relationship	Phone Number	Email

Behavioral Agreement

Please read the agreement below and acknowledge you are aware of your responsibilities.

The Sawmill Summer camp strives to create a SAFE and CARING Community. We want all children to feel welcomed and accepted. We promote and encourage the YMCA character values of Caring, Honesty, and Respect Responsibility. The basic rules of camp are simple.

Be CARING towards yourself and others.

Be HONEST and forthcoming in your interactions with campers and staff.

Be RESPECTFUL of campers and staff.

Be RESPONSIBLE with YMCA equipment and property.

All the camp staff at the YMCA wants your experience to be safe and enjoyable. By following and abiding by the rules and guidelines, your experience promises to be memorable.

Please review the agreement with your child, sign, and send the agreement along with your registration form:

Parent and Buddy Behavioral Agreement

****Please initial next to each one!****

_____ I will be respectful of everyone at camp. I will not swear or speak disrespectfully of campers or staff and I will not bully or harass the campers

_____ I will be responsible and respectful of the YMCA by keeping my areas clean.

_____ I will respect the property of others by asking to share and I will not steal

_____ I will not use alcohol, drugs, or tobacco products at the YMCA

I understand my behavior can affect the experience of other campers. By signing this agreement, I understand that if at any time I do not adhere to these guidelines or the camp administrator deem my behavior as inappropriate, my parents may be called and I may be asked to leave camp. If at any time the counselors, campers, or administrators hear/see that a buddy is making fun, or belittling any of the S.K.O.R. campers, they will be asked to leave immediately.

Buddy Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____