



# 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: \_\_\_\_\_