

PITTSFIELD FAMILY YMCA
Volunteer Application

Thank you for your interest in volunteering with the Pittsfield YMCA. The YMCA was founded by volunteers and we could not function today without them! Please take a moment to complete the following information so we may get to know you better.

Remember that all volunteer applicants ages 18 years and older must agree to a criminal background check and be fingerprinted according to state law (child protection act) and YMCA policy.

Personal Information

Name _____ Position _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____

Are you at least 18 years of age? _____ (If no, please have your parent or guardian sign the application too.)

Have you ever been convicted of a felony? (If yes, please explain) _____

Emergency Contact

Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____

Employment History

Employer _____ Job Title _____
Address _____ Phone Number _____
Employed from _____ to _____ Supervisor _____

Employer _____ Job Title _____
Address _____ Phone Number _____
Employed from _____ to _____ Supervisor _____

Reference

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Supplemental Information

How did you learn about volunteer opportunities at the YMCA? _____

Please explain why you are interested in volunteering for the YMCA. _____

Have you volunteered for the YMCA before? (If yes, explain when, where and what role.)

Child or age group that you prefer to work with (please specify) _____

Are you available on Saturdays? _____

Are there any particular skills, talents or interest you'd like to share? _____

Specific Areas of Interest:

Branches: __ listing

What would you
like to do?

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Group Exercise Instructor |
| <input type="checkbox"/> Board Leadership | <input type="checkbox"/> Personal Trainer |
| <input type="checkbox"/> Camp Expedition Leader | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Campaigner | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Swim Instructors |
| <input type="checkbox"/> Foreign Language Translation | <input type="checkbox"/> Youth Mentor |

Agreement

The facts set forth in my application for volunteer employment are true and complete. I understand that if employed as a volunteer, false information on this form or failure to disclose material facts will be considered grounds for discharge.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely 'at will' giving either me or the YMCA the right to terminate my volunteer service at my time without liability of obligation.

In an ongoing effort to offer the best possible volunteers to our program participants, the <NAME> YMCA requires that all new and/or returning volunteers be fingerprinted on or before they begin volunteering. The YMCA will provide this service at no extra charge to the volunteer. Fingerprints are sent to the Department of Justice and all responses are kept confidential.

I further understand that, if employed as a volunteer, I am required to abide by all established policies and procedures of the YMCA.

Signature of Applicant

Date

Parent or Guardian Signature (if applicant under age 18)

Date