

CHANGE LIVES CHANGE YOUR COMMUNITY



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION FOR TAYLOR FAMILY YMCA

Mark all of the areas you are interested in volunteering:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Special Events | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Greeters |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Togetherhood | <input type="checkbox"/> Wellness/Fitness | <input type="checkbox"/> Child Watch |
| <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Adults Sports | <input type="checkbox"/> Tutor/Mentor |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Annual Fundraising Campaign | | |

Name _____ Date _____ YMCA Branch _____

Phone _____ Email _____

Are you over 16? Yes No If under 16, current age: _____ Have you ever volunteered at the Y before? Yes No

MARK THE DAYS AND TIMES AVAILABLE TO VOLUNTEER:

Weekdays Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Weekends Fri. _____ Sat. _____ Sun. _____

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, # of hours needed: _____ Deadline: _____

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

References:

List three references that have known you at least three years whom you authorize us to contact:

	Name	Contact	Years Known
Family Member		Email: Phone	
Personal Professional		Email: Phone	
Personal Professional		Email: Phone:	

*References may include supervisors, co-workers, faith leaders, teachers, etc.

Signature of Applicant _____ Date _____

Parent Signature _____ Date _____





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EMPLOYEE ENROLLMENT FORM

The following information is for record and reporting use only. Please print all answers.

Name _____ Social Security # _____

Address _____

City _____ State: _____ Zip Code _____ Phone # _____

Date of Birth: _____

Gender: Female Male

Marital Status: Single Married

Race/Ethnicity: *(This information is voluntary and refusal to provide it will not subject you to adverse treatment. It will be kept confidential and used only for reporting purposes. When reported, data will not identify any specific Individual)*

Hispanic or Latino

White *(Not Hispanic or Latino)*

African/American *(Not Hispanic or Latino)*

American Indian/Alaskan Native *(Not Hispanic or Latino)*

Asian *(Not Hispanic or Latino)*

Native Hawaiian/Pacific Islander *(Not Hispanic or Latino)*

Two or More Races *(Not Hispanic or Latino)*

Email address: _____

Emergency Contact: _____ Phone # _____

BACKGROUND CHECK CONSENT

Note: The Golden Corridor Family YMCA conducts a background check on all employees. Please sign the following statement giving us your consent.

I, _____ hereby give my consent to the Golden Corridor Family YMCA to run a background check, which includes, but is not limited to a criminal conviction check. I understand that my employment at the YMCA is contingent on a clean record.

Signature: _____ Date: _____