



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## GRAND LAKE FAMILY YMCA VOLUNTEER APPLICATION

Thank you for your interest in volunteering. Please complete the entire application as the information you provide will help determine the best placement for both you and the Y. Volunteers will be assigned based on specific needs of our Y and a matching of skills and abilities.

### PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION

Full Name (last, first, middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender:  Male  Female

I prefer to be contacted by (choose one):  Day Phone  Evening Phone  E-Mail

### PERSONAL INFORMATION

Last Four Digits of Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Do you have a current driver's license?  Yes  No

Have you ever been arrested or convicted of any criminal offense?

Yes  No

If yes, please explain: \_\_\_\_\_

Last place of residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Please check all program areas that you are interested in volunteering in:

- Building and Grounds (landscaping, maintenance, construction)
- Community Development (youth mentoring)
- Family (parent-child activities)
- Fundraising
- Health and Fitness (youth health, aerobics, strength training)
- Member Service (front desk, locker room)
- Older Adult Programs (health and fitness, recreation, trips, social clubs)
- Sports
- Teen Leadership
- Administration of the volunteer program
- Other: \_\_\_\_\_

Do you have any specific skills that you feel would be applicable to this volunteer experience?

\_\_\_\_\_

What is your motivation for volunteering?

\_\_\_\_\_

**Please check days or months that you are available to volunteer:**

- |                                    |                                  |                                   |                                    |
|------------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June      |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December  |
| <input type="checkbox"/> Friday    |                                  |                                   |                                    |
| <input type="checkbox"/> Saturday  |                                  |                                   |                                    |
| <input type="checkbox"/> Sunday    |                                  |                                   |                                    |

**REFERENCES** (Please list the names, occupation and telephone numbers of three people, not relatives. References will be contacted.)

<u>Name</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home/Cell Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY CONTACT INFORMATION**

Full Name (last, first, middle): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Please check all boxes to affirm that you have read and understand each statement.**

I understand that this is a volunteer opportunity and is totally separate from, and not required by my job, and I will never claim that I am entitled to wages, overtime, or any other compensation relating to this volunteer work.

I assume full responsibility for risk of bodily injury, death, or property damage due to any volunteer placement assigned to me, including any use of my own vehicle for transportation. I also assume full responsibility for any and all damages to my personal vehicle, if I use it as a result of this volunteer opportunity.

I authorize the YMCA of the USA to gather information including criminal records check and driving records.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date