



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# JOIN US MAKE A DIFFERENCE

## Stateline Family YMCA VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them we wouldn't be able to meet the needs of the kids, families, and adults who live in our community.

At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application so we can make the right match between your skills and interests and the opportunities available.

The Stateline Family YMCA is dedicated to caring, honesty, respect, and responsibility. In keeping with these values, the Stateline Family YMCA reserves the right to conduct background checks and reference checks on all volunteers.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

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

Phone: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Are you 18 years of age or over? \_\_\_\_\_ (If no, please have your parent or guardian sign the application also.)

Why would you like to volunteer?

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Have you heard about any particular volunteer opportunities that interest you?

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

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How did you learn about volunteer opportunities at the YMCA? What other organizations have you volunteered for, if any?

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**Employment History:**

Please list your last/current employer:

1. Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ To: \_\_\_\_\_  
Position title and duties: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

Have you ever been convicted of a crime (felony or Misdemeanor)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain the nature of the crime, date of conviction, and city/state where conviction occurred: \_\_\_\_\_  
\_\_\_\_\_

Convictions are not an automatic disqualification to volunteering. However, failure to provide complete and accurate information relating to criminal convictions will result in termination of the volunteer relationship with the YMCA.

**References:**

Please list three people besides relatives or employers whom you have known for at least two years.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.  
\_\_\_\_\_

**Emergency Contact:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

In accepting a volunteer position, I agree to adhere to the rules and regulation of the YMCA and verify that all of the above information is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_