

2. _____

Name of organization

Employed from when to when? (Include month and year) _____

Address

Telephone

State job title and describe your work

Name and title of immediate supervisor

Military history

Date of entry _____ Date of discharge _____

Branch of service _____ Type of discharge _____

Final rank _____

Did you attend service school or receive special training? _____

Education

Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and location	Course of study	Start and end dates	Did you graduate?	Degree or diploma
High School					
Trade or Business					
College					
Other					

Other skills (caring for children, languages, etc.)

Background

Please list here any other names you may have used in the past: _____

Driver's license number _____

Driver's license classification _____

Have you ever been convicted of a criminal offense? If so, what was it?

References

Please list two people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

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? _____

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

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation.

I also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer staff members and youth participants is prohibited.

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 any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Your signature _____ Date _____

Parent's or guardian's signature _____ Date _____
(if you're under 18)