



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lee County YMCA • Application for Volunteer Service

Dear Prospective Volunteer,

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 children, families, and adults who live in Lee County.

At the YMCA, we know that your time and talent 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. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse.

So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children served by the YMCA and yourself.

A **criminal background check** will be conducted using your social security number (we will need to copy your social security card and driver's license) through the Florida Department of Law Enforcement. The results are confidential and kept in a locked file at the YMCA.

To further protect you and the children the YMCA programs, we will conduct a risk management training with your volunteer orientation.

The Y appreciates you donating your precious time to further the enhancement of youth development, healthy living, and social responsibility.

Sincerely,

Jim Sanger
CEO



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Lee County YMCA • Volunteer Application

Today's Date _____
(Month-Day-Year)

__Mr. __Mrs. __Miss. __Ms. __Rev. __Dr. __Other_____

Name _____ DOB _____
Address _____ City _____
St _____ Zip _____ Phone: _____ Cell _____

How long have you been at this address? _____
Social Security Number _____ - _____ - _____
Are you 18 years of age or over? _____ Yes _____ No (if no, please have parent or guardian sign the application too.)

Emergency Contact

Name: _____
Address: _____
Phone: _____ Cell: _____

Volunteer Position Desired: _____

What Areas Are You Interested In?

General

- Membership
- Community Resources
- Volunteers
- Fundraising
- Program Committees
- Special Events
- Silent Auction Items
- Recruiting Sponsors
- Welcome/Mentoring

SPECIAL SKILLS

- Photography
- Printing/Graphic Design
- Tutors
- Newsletter/PR

OFFICE ASSISTANCE

- General
- Computer
- Telephoning
- Other _____

TEAM ACTIVITIES

- Coach or Instructor
- Awards
- Safety/First Aid
- Scorekeepers/Timers

FACILITY

- Carpentry
- Electrical
- Grounds Maint.
- Painting
- Plumbing



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What Type of Formal or Informal Training Do You Have?

What Areas Do You Feel You Need Training?

Coaching Strategy Safety
 Rules Office work Warm up
 First Aid/CPR Other _____

SUGGESTIONS...Please use the space below to describe any other ways that you would like to make a volunteer contribution to a YMCA program. Likewise, if you have any suggestions for ways we can better coordinate and organize volunteers, we would very much appreciate your input. Thank you.

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

Drivers license number _____

Drivers license classification _____

Have you ever been convicted of a criminal offense? Yes No

If so, what was it? _____



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Residences

Please list your last two addresses (excluding your current address) Starting with the most recent:

1. _____
Street address: City State Zip From when to when?
(include month & year)

2. _____
Street address City State Zip From when to when?
(Include month & year)

History

Please list your last two employers, starting with the most recent:

1. _____
Name Employed from when to when?
(include month and year)

Address Telephone

State Job title and describe you work

Name and title of immediate supervisor

2. _____
Name Employed from when to when?
(include month and year)

Address Telephone

State job title and describe your work

Name and title of immediate supervisor



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VOLUNTEER REFERENCES

Please list the names, occupation and telephone numbers of three people (other than relative) who know you sufficiently well to provide us a reference. References will be contacted.

<u>Name</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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.

Signature of applicant _____ Date _____

Signature of parent or guardian if applicant is under 18 _____ Date _____

For Office Use Only

Phone Reference Check

	<u>Name</u>	<u>Called By</u>
1.		

Notes:

2.

Notes: