



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**VOLUNTEER APPLICATION**  
**YMCA of San Joaquin County**

PLEASE PRINT

First Name		Last Name	
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Date of Birth		Email	
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Address	
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City		State		Zip	
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Home Phone	( )	Driver License #	
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Work Phone	( )
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Cell Phone	( )
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Best time to contact you			<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
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Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>(Exclude any marijuana offenses that are over two years old and minor traffic violations).</small>	

If "Yes" please explain	
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*NOTE: The existence of a criminal record will not constitute an automatic bar to volunteering*

Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Community service requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of hours needed		Deadline	/ /
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Are you a YMCA member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you a YMCA donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have children involved in any YMCA programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes" which program?	
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Are you over 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>NOTE: Fingerprinting and TB required</i>
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Please check which description(s) fits your current status
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- |  |  |
|--|--|
| <input type="checkbox"/> Employed full-time          | <input type="checkbox"/> Student full-time |
| <input type="checkbox"/> Employed part-time          | <input type="checkbox"/> Student part-time |
| <input type="checkbox"/> Retired stay-at home parent | <input type="checkbox"/> Other             |



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Why would you like to volunteer for the YMCA?

What do you hope to gain from volunteering?

Please check how you learned about volunteering at the YMCA of San Joaquin County			
<input type="checkbox"/> Member YMCA	<input type="checkbox"/> YMCA Website		
<input type="checkbox"/> YMCA Staff/Volunteer	<input type="checkbox"/> Third Party Website (i.e. VolunteerMatch.org)		
<input type="checkbox"/> Referral	<input type="checkbox"/> Other		

In what areas (interest) of the YMCA would you like to volunteer? (check all that apply)	
<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Fund-Raising
<input type="checkbox"/> Preschool	<input type="checkbox"/> K8
<input type="checkbox"/> Teen	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Youth Sport(s)	<input type="checkbox"/> Family Program
<input type="checkbox"/> YMCA Ambassador	<input type="checkbox"/> Coach
<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Guest Speaker
<input type="checkbox"/> Research	<input type="checkbox"/> Day Camp/Summer Camp
<input type="checkbox"/> Adult Program(s)	<input type="checkbox"/> Event(s)
<input type="checkbox"/> Other	

Please circle the time(s) you are available to volunteer						
<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Morning (Open-12:00pm)</b>		<b>Afternoon (12:00pm-6:00pm)</b>		<b>Evening (6:00pm-Close)</b>		
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	Evening

How many days would you like to volunteer?	
Comments	

Special Certificates/Licenses/Qualifications/Degrees (related or other)



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Employment Information				
Please indicate if you are retired or unemployed. Note: Work experience is not a requirement to volunteer.				
EMPLOYER	TITLE	SUPERVISOR	PHONE	Dates of Employment
			( )	
			( )	

Volunteer Information				
Please list current or previous volunteer experience.				
ORGANIZATION	ROLE/EXPERIENCE	SUPERVISOR	PHONE	Dates of VOLUNTEERING?
			( )	
			( )	

Academic Information			
NOTE: Formal Education is not a requirement to volunteer. We welcome experience of all kinds.			
NAME OF SCHOOL	LOCATION	COURSE OF STUDY/DEGREE	LEVEL COMPLETED

Personal References (REQUIRED)				
NOTE: The YMCA checks references on all volunteers, as such the following information is required of all applicants.				
NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?
	( )			
	( )			

PROFESSIONAL REFERENCES				
NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	HOW LONG HAVE YOU KNOWN THIS PERSON?
	( )			
	( )			

Agreement
<p>I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I am not a pedophile or child molester and have not been convicted of either. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be grounds for discharge. I further understand that final volunteerism is based on completion of all volunteer screening requirements and procedures, including interview(s), reference checks, verifications, physical examination and fingerprinting.</p> <p>I authorize all organizations and persons named on this application to give information about me and I hereby release them of all liability. I have carefully read and understand this application and, by my signature on this application, consent to the release of consumer or investigative consumer reports (fingerprints) to the YMCA in conjunction with my application for volunteering. I further understand that any and all information contained in my volunteer application or otherwise</p>



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disclosed to the YMCA by me before, during or after my volunteerism, if any, may be utilized for the purpose of obtaining the consumer reports (reference checking) or investigative consumer reports requested by the YMCA.

If I am engaged as a YMCA Volunteer, I agree to observe all rules, regulations, policies and procedures as they relate to the YMCA of San Joaquin County employees at all times. I also understand that, although I may be volunteering for a particular position and shift, it may be necessary to accept different assignments, schedules or hours.

I hereby certify that all of the facts set forth in my application are true and complete. I understand that if I am engaged as a YMCA Volunteer, false information on this form or failure to disclose material facts will be considered grounds for discharge. I further understand that my services are on a volunteer basis for which no compensation is provided and that these services are at-will and may be terminated at any time by either party.

I also consent to the use of any photographs which may be taken to be used by the YMCA in any local or national print or promotional production material.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Required for volunteers under 18 years of age)