



VOLUNTEER APPLICATION

Please complete the following information to help us make the best use of your time and talents.

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City/State/ZIP Code _____

(____) _____ Please indicate Cell Home Work
Preferred Phone Number _____

E-mail Address _____ Date of Birth ____/____/____

Emergency Contact _____ Phone Number _____

Age Category: Please indicate your age group
 11 years or younger 12 to 17 years 18 years or older
Are you currently a YMCA member? Yes No
Which YMCA location are you interested in for volunteer service? Greater Naples Y Bonita Springs Y

RELATED BACKGROUND

Have you ever volunteered for a YMCA before? Yes No
If so, what city and state? _____

Current/most recent employer: _____ Location: _____

Current/most recently attended school: _____ Location: _____

REFERENCES

Please list three people including one relative whom you have known for at least two years and who you know well enough to provide a reference.

1) Name: _____ Relationship to you: _____
How long have you known this reference? _____ Phone number: _____

2) Name: _____ Relationship to you: _____
How long have you known this reference? _____ Phone number: _____

3) Name: _____ Relationship to you: _____
How long have you known this reference? _____ Phone number: _____



VOLUNTEER APPLICATION

INTERESTS, SPECIAL SKILLS, AND PREFERENCES

Why would you like to volunteer at the YMCA?

In which of the following areas would you like to participate as a volunteer?

- | | | | | |
|---|------------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Fitness | <input type="checkbox"/> Child Watch | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Office help | <input type="checkbox"/> Swim Team | <input type="checkbox"/> Preschool | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Youth Sports Coach | <input type="checkbox"/> Teens | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other | |

What special skills, training, certifications or relevant work experiences do you have that would be able to share with our members and participants?

What days and times would you like to volunteers?

- | | | | | | | |
|---|--|--|--|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Anytime needed | <input type="checkbox"/> Mornings only | <input type="checkbox"/> Afternoons only | <input type="checkbox"/> Evenings only | | | |
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Thursdays | <input type="checkbox"/> Fridays | <input type="checkbox"/> Saturdays | <input type="checkbox"/> Sundays |

Are you looking to fulfill a school requirement or will you receive school credit for your service? _____

If yes, name of school: _____

Number of hours needed: _____ Deadline to complete hours: _____

BACKGROUND CHECK

The YMCA of the Palms conducts criminal background checks on all of our employees and volunteers. As a condition to volunteer, you must agree to a criminal background check. Please complete the following information:

Any other names you have used in the past: _____

Driver's license number: _____

Social Security Number: _____

Have you ever been convicted, pleaded "nolo contendere", or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes _____ No _____

If so, what was it? _____



VOLUNTEER APPLICATION

Conditions of Volunteer Participation

The YMCA of the Palms' ("YMCA") desire is to build a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

In the YMCA's efforts to attract the highest quality volunteer staff, I am hereby advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

If the YMCA accepts my volunteer service, I will comply with all policies set forth in the volunteer handbook and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that for some volunteer assignments, health screenings are required by law, and for such assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

I understand that it is this YMCA's policy to secure conviction only criminal history information as a part of the screening process for volunteers. I have provided the information in this application for the sole purpose of the YMCA's obtaining a conviction only criminal history file search. I understand that the YMCA does not condone child abusers and that the YMCA will be seeking information in my background related to child abuse.

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. 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.

Signature: _____

Date: _____

Parent or guardian's signature _____

Date: _____

(If you are under 18)

The YMCA of the Palms will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.