



Volunteer Application

We consider volunteer applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

BRANCH OF INTEREST: East Orange South Mountain West Essex Fairview Lake Sussex County Association Services

Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Number(s) Home	Cell	Email Address		

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any pending charges or have you ever plead guilty or been convicted of a criminal offense (felony or misdemeanor)? Do not include convictions that have been annulled or expunged. Yes No

If Yes, please explain & include dates, court name and location

Convictions are not an absolute bar to volunteering, but will be considered in relation to the position sought.

Areas of Volunteer Interest: <input type="checkbox"/> Youth Sports <input type="checkbox"/> Teens <input type="checkbox"/> School-Age Care <input type="checkbox"/> Preschool Care <input type="checkbox"/> Special Events <input type="checkbox"/> Camp <input type="checkbox"/> Administration <input type="checkbox"/> Other _____ Are their particular skills, talents or interests you would like to share?	Date of Application
How were you referred to the YMCA? <input type="checkbox"/> Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Drop-in <input type="checkbox"/> School <input type="checkbox"/> Website <input type="checkbox"/> Other _____ Name of referral source indicated above: _____	

Have you been previously employed by the Metro YMCAs of the Oranges before? Yes No
If Yes, give date _____

Have you previously volunteered for any YMCA? Yes No If Yes, give date _____

On what date would you be available to start volunteering? _____

Are you available to volunteer? : Full Time Part Time Temporary Seasonal

Please indicate the days and hours you are available.
Please note that you are not required to disclose the need for time off due to religious practice.

Monday Hours: _____ Tuesday Hours: _____ Wednesday Hours: _____ Thursday Hours: _____
 Friday Hours: _____ Saturday Hours: _____ Sunday Hours: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

SCHOOL	NAME/LOCATION	COURSE STUDY	# YRS COMPLETED	DIPLOMA/DEGREE
High School				
College				
Graduate				
Other School				

Previous Employment Information

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
2) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
3) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, CDL, CDA, NJ Teachers Certification, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

TYPE	ISSUING AGENCY	LEVEL	EXPIRES

Computer Knowledge: Have you used a PC? Yes No

Have you used and are you competent in the following software?

- Microsoft Windows Publisher Other word processing, spreadsheet, desktop publishing or database management program:
- Word PowerPoint Please specify program name: _____
- Excel Access

Other Special Training or Skills which you consider relevant to performing the job sought: _____

Volunteer Experience: List any volunteer work you consider relevant to your ability to perform the job sought.

1) Agency Name _____ Volunteered from _____ to _____
 Address _____ Phone Number _____
 Contact Name _____ Nature of Work Performed _____

2) Agency Name _____ Volunteered from _____ to _____
 Address _____ Phone Number _____
 Contact Name _____ Nature of Work Performed _____

Personal References

Please provide 3 personal references below who have known you for at least 3 years. Include 1 relative. Do not include employers.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Professional References

Please provide 3 professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). Do not include relatives.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

General Information

Emergency Contact(s):	1) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		
	2) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		

Certification / Release (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.

I authorize investigation of all statements contained in this application. I authorize the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) to secure information about my experience with former employers, educational institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, educational institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising there from. I understand that, if employed, my continued employment is contingent upon the results of the investigation being acceptable in the sole discretion of the Metro YMCAs of the Oranges.

I authorize the Metro YMCAs of the Oranges to supply my employment record, in whole or in part, and in confidence to any prospective employer government agency, or any other party, with a legal and proper interest.

If I am offered employment, I understand and agree that, if requested, I may be required to undergo a physical examination and that my offer of employment may be conditioned by the examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to drug and/or alcohol testing upon request by the Metro YMCAs of the Oranges. I recognize that the result of these tests may be used to determine my employment or continued employment. I understand and expressly agree that, if employed by the Metro YMCAs of the Oranges, storage areas provided for me (locker, desk, etc.) are open to investigation by the Metro YMCAs of the Oranges without prior notice to me.

I consent that photographs that may be taken of me by the Metro YMCAs of the Oranges are property of the Metro YMCAs of the Oranges and may be reproduced as the YMCA desires, free from any claim on my part.

I understand that, if employed, the employment relationship between the Metro YMCAs of the Oranges and me is employment-at-will, and, therefore, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Metro YMCAs of the Oranges or myself. Neither the policies of the Metro YMCAs of the Oranges, nor any other written or verbal communication by a manager or director of the Metro YMCAs of the Oranges, are intended to create a contract of employment or a warranty of benefits.

I certify that, if employed, I will abide by all rules and regulations of the Metro YMCAs of the Oranges. I understand that, if employed, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Metro YMCAs of the Oranges at its discretion except that the Metro YMCAs of the Oranges will not modify its policy of employment-at-will in any case.

I understand that completion of this employment application does not guarantee me status as an applicant or any consideration for employment unless I meet all state minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my consideration for employment with the Metro YMCAs of the Oranges.

Signature of Applicant _____ Date _____

Signature of Parent if applicant is under 18 years of age _____ Date _____

Parent's Name (please print) _____

Hiring Personnel Use Only:

Date rec'd _____ Referred to _____ Date _____

Date contacted _____ Referred to _____ Date _____

Notes/Comments _____



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

AUTHORIZATION TO RELEASE INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

I, _____
 Last Name First Name Middle Name

_____ Current Address
 Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) _____ Dates of Residence: _____

_____ Years Used
 Date of Birth Other Names Used (including maiden name)

_____ Social
 Security Number Driver's License # State

_____ Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date