



## Volunteer Application

Dear Friend of the South Mountain YMCA:

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA and without them, we would not be able to meet the needs of the children, families, and adults who live in our community.

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, interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. Unfortunately, some people apply to volunteer for the wrong reasons. We need to be very careful, we hope you understand and answer all questions. Even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It is just one of the many ways we help protect children and other vulnerable people served by the YMCA.

Sincerely,

Karen Robson  
Sr. Program Director



We build strong kids, strong families, strong communities.

# 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
---	---

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 employment, but will be considered in relation to the position sought.*

<b>Areas of Volunteer Interest:</b> <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 Are their particular skills, talents or interests you would like to share? <hr/>	<b>Date of Application</b> ____ / ____ / ____
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 previously volunteered for 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? \_\_\_\_\_

When are you available to volunteer? :  Full Time  Part Time  Temporary  Seasonal

Please indicate the days and hours that 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: \_\_\_\_\_

Thank you for choosing the YMCA for your volunteer experience.

# Special Skills

List all current licenses, permits, certifications and level (CPR, First Aid, Life guarding, 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 volunteer work sought: \_\_\_\_\_

\_\_\_\_\_

Volunteer Experience: List any volunteer work you consider relevant to your ability to perform the volunteer work 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 at least one professional reference 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 volunteerism, or may result in my discharge from volunteering if I am already 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 volunteer 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 a volunteer position, 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 volunteer work. I understand and expressly agree that 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 offered a volunteer position, the relationship between the Metro YMCAs of the Oranges and me is at-will, and, therefore, my volunteer work 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.

I certify that, if offered volunteer work, I will abide by all rules and regulations of the Metro YMCAs of the Oranges.

I understand that completion of this volunteer application does not guarantee me status as an applicant or any consideration for volunteering 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 volunteering 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) \_\_\_\_\_

### YMCA Personnel Use Only:

Date rec'd _____	Referred to _____	Date _____
Date contacted _____	Referred to _____	Date _____
Notes/Comments _____		



We build strong kids, strong families, strong communities.

## Metro YMCA's of the Oranges

Authorization and Consent Form (to be filled out by the Volunteer)

Please print or type:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I understand that in connection with my volunteer services with the Metro YMCA of the Oranges, the YMCA has asked me to use an outside agency of their choice to perform criminal background checks. This agency will provide a report to the YMCA on the results of this background check. The YMCA uses HireRight, Inc., a consumer reporting agency, as an agent to perform these background verifications.

I understand that HireRight, Inc. will obtain information it deems appropriate from various sources including, but not limited to: current and past employers, criminal conviction records, Dept. of Motor Vehicle records, military records, school records, etc. I authorize, without reservation, any individual, corporation, or other private or public entity to furnish the YMCA and HireRight, Inc. all information about me.

I understand that a "Summary of Your Rights Under the Fair Credit Reporting Act" is available for my review at <http://www.ftc.gov/bcy/online/edcams/fcra/summary.htm>

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by the YMCA so long as I am a volunteer for the YMCA.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_