



# Adult Volunteer Application

Routing:

Volunteer Coordinator

Supervisor

Interviewed By: \_\_\_\_\_

Branch: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_

Credit: \_\_\_\_\_ Non-Credit: \_\_\_\_\_

Name: \_\_\_\_\_ Gender(please circle): **M / F** D.O.B.: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ - -

Name of Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_ May we contact you At work:

Yes / No

## Volunteer and/or Paid Employment History (approximate information)

Job Title	Activities	Dates	Company/Organization Name & Phone

For what type of volunteer service are you applying? \_\_\_\_\_

## What skills and interests would you like to share? (subject to branch offerings)

### Committees

- Policy
- Events
- Advisory

### Program

- Child Care
- Camping
- Youth Sports
- Aquatics
- Other \_\_\_\_\_

### Special Events

- Tri-for-the-Y
- Kids-to-Camp Golf Outing
- Healthy Kids Day
- Family Nights

### Service

- Clerical
- Maintenance/Cleaning

**Other** \_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

## Please list *three* people not related to you that can attest to your abilities

Name	Address	Phone	Relationship/Years Known

The YMCA of Ithaca and Tompkins County (hereinafter “YMCA”) is a membership organization guided by volunteer boards and a professional staff and management team, who establish and approve schedules, policies, procedures, and codes of conduct for the benefit of the membership. All YMCA volunteers are required to adhere to those policies, procedures, and codes of conduct, and be a part of the positive experience at the YMCA.

I understand that the YMCA places a high value on the citizenship of its volunteers in the community, and that the YMCA can suspend, revoke or otherwise terminate your privileges as a volunteer at the YMCA at any time for any reason or no reason. I agree that, as a new or continuing YMCA volunteer:

1. I will live up to the ideals of the YMCA, and will affirmatively comply with the mission statement and by-laws and policies and procedures of the YMCA.
2. As part of volunteering, I voluntarily provide the following information:

Have you or any relative or any member of your household ever been convicted of any crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any relative or any member of your household ever been found to committed any sexual and/or violent acts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending cases regarding you or any relative or any member of your household where there are claims of criminal and/or sexual and/or violent and/or other unlawful conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any medical or physical conditions that may limit the nature or extent of your ability to volunteer at the YMCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. The YMCA may conduct background and other investigations from public and/or private information regarding any part of my personal background.
4. I will keep the YMCA informed as to each and any change in any of the foregoing information, without the need for any request on the part of the YMCA

I have read and understand all of the foregoing. I affirm that all of the foregoing is true and accurate and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_