



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

## **VOLUNTEER APPLICATION**

Thank you for considering the Clark Memorial YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, 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 and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. Please be sure to complete all sections as completely as possible. The YMCA reserves the right to conduct a thorough background and reference check on all volunteers.

**Volunteer Position Desired** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Are you 18 years of age or over? Yes / No

### **Residences**

Please list your last two addresses (excluding your current address) starting with the most recent:

1. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **Employment History**

Please list your last three employers, starting with the most recent:

1. \_\_\_\_\_  
Name of Company Employed from when to when (Include month & year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Job title and describe your work \_\_\_\_\_

\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_



3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Interests**

How did you learn about volunteer opportunities at the YMCA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any particular skills, talents, or interests you'd like to share? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations have you volunteered for, if any? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of the YMCA? \_\_\_\_\_

(Membership is not required)

**Education Note:** Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and Location	Course of Study	Start and End Dates	Did You Graduate?	Degree or Diploma
High School					
Trade or Business					
College					
Other					

**Other skills:** (caring for children, languages, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background**

Please list here any other names you may have used in the past: \_\_\_\_\_

Driver's license number \_\_\_\_\_ Driver's license classification \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes No if so, what was it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_  
*(if you're under 18)*

Date \_\_\_\_\_