



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

Champaign Family YMCA Volunteer Application

Thank you for considering the 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 Champaign County. You will find questions on this form about your background, places of employment, and so on. In addition, we reserve the right to conduct background and reference checks on all volunteers.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact Karen Keller, Administrative Director, at (937)484-3556.

Today's Date _____ (Month/Day/Year)

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

How long have you been at this address? _____

Email _____

Are you 18 years of age or over?

Yes No (If no, please have your parent or guardian sign the application, too.)

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

INTERESTS

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

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)

Employment Information

Name of employer

Employed from when to when? _____ (include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

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: _____

Have you ever been convicted of a criminal offense? Yes No If so, what was it? _____

References

Please list three people besides relatives and employers.

1. Name _____

Address _____

Telephone _____ Relationship to you _____

2. Name _____

Address _____

Telephone _____ Relationship to you _____

3. Name _____

Address _____

Telephone _____ Relationship to you _____

Your signature _____ Date _____

Parent's or guardian's signature _____ Date _____
(if you're under 18)