



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

# **VOLUNTEER TO MAKE A DIFFERENCE**

**Volunteer Program  
ASHLAND AREA YMCA**



# ASHLAND AREA YOUNG MEN'S CHRISTIAN ASSOCIATION

## VOLUNTEER APPLICATION AND AGREEMENT

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

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a current Ashland Area YMCA member? YES \_\_\_ NO \_\_\_

Are you over 18 years of age? YES \_\_\_ NO \_\_\_ Social Security # \_\_\_\_\_

Have you been convicted of a felony? YES \_\_\_ NO \_\_\_ If yes, please explain:

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

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Current place of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER INFORMATION

Have you ever volunteered for other organizations? YES \_\_\_ NO \_\_\_

1. Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Why are you interested in volunteering?

Please list any volunteer training or current certificates you hold (examples CPR, First Aid, coaches clinic, etc) along with their expiration dates:

List any sports, clubs or other activities you are involved in.

Do you have a preference or program assignment? What skills/training/knowledge do you wish to utilize through your volunteer activities?

If you have a disability, what accommodations would you need to perform your volunteer activities?

Availability? Time of day: \_\_\_\_\_ Day(s) of week: \_\_\_\_\_ Hours per week? \_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any friends; relatives or acquaintances employed at this YMCA and their relationship to you:

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

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

# Volunteer Acknowledgment

\_\_\_\_\_ I understand that I must volunteer a minimum of 10 hours per week to qualify for a free membership.

\_\_\_\_\_ I understand that I am to immediately report accidents or injuries of myself and participants to my supervisor and volunteer positions are not covered under Workman's Compensation Insurance.

\_\_\_\_\_ I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

\_\_\_\_\_ I understand that if chosen for a volunteer position, I will not receive any monetary compensation.

\_\_\_\_\_ I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or CEO and it is the policy of the YMCA to cooperate with authorities conducting investigations of suspected child abuse.

\_\_\_\_\_ I understand that all volunteers are subject to dismissal at the discretion of the YMCA and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if YMCA programs are dependent on my agreed attendance, I will give the YMCA ample notice of intention to cease volunteering.

\_\_\_\_\_ I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA.

\_\_\_\_\_ I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

\_\_\_\_\_ I understand that information concerning my past record may be sought from employers, references and organizations I may have volunteered for and I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the individual or organization named in this application to provide the YMCA (its employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justification for refusal for placement. I have read the above acknowledgement and this statement and accept the same as a condition of my placement with the YMCA.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Guardian, if minor \_\_\_\_\_ Date \_\_\_\_\_

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**STAFF USE ONLY**

Department(s) assigned: \_\_\_\_\_  
Duties assigned: \_\_\_\_\_  
Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_