

# YMCA of Central Kentucky Volunteer Application

Name: (Last / First / MI) \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

Email Address: \_\_\_\_\_

## Emergency Contact (permanent/parent's home information if you are a student)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Background Information

Driver's license #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Driver's license classification: \_\_\_\_\_

**Have you ever pled "guilty" or "no contest to" or been convicted of a felony? YES / NO**

**Disclosure of convictions does not automatically disqualify you from volunteer opportunities.**

## Employment History Please list your last two employers starting with the most recent:

1.

Name of Organization/Company \_\_\_\_\_ Employed from month/yr. to month/yr. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title and describe your work \_\_\_\_\_

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

2.

Name of Organization/Company \_\_\_\_\_ Employed from month/yr. to month/yr. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Job Title and describe your work \_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_ (See other side)

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

Highest level completed \_\_\_\_\_ Degree or diploma \_\_\_\_\_

Name and location \_\_\_\_\_ Course of study \_\_\_\_\_

## Interests

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

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

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

**Volunteer Availability**

Do you prefer to volunteer on a regular basis \_\_\_\_\_?

On a time limited project \_\_\_\_\_? One day a week \_\_\_\_\_

Twice per month \_\_\_\_\_ Once a month \_\_\_\_\_

More often \_\_\_\_\_ Other \_\_\_\_\_

Mon. from \_\_\_\_\_ to \_\_\_\_\_

Tue. from \_\_\_\_\_ to \_\_\_\_\_

Wed. from \_\_\_\_\_ to \_\_\_\_\_

Thu. from \_\_\_\_\_ to \_\_\_\_\_

Fri. from \_\_\_\_\_ to \_\_\_\_\_

Sat. from \_\_\_\_\_ to \_\_\_\_\_

Sun. from \_\_\_\_\_ to \_\_\_\_\_

**References**

List 2 people who have known you for at least three years whom you authorize us to contact. ( 1 can be a family member)

1.)Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Known you for How Long: \_\_\_\_\_

2.)Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Known you for How Long: \_\_\_\_\_

**STATEMENTS of UNDERSTANDING. Please initial each statement and sign.**

\_\_\_1. I understand that the YMCA does not discriminate based on race, color, creed, religion, national origin, sex marital status, status with regard to public assistance, membership or activity in a local commission, disability, age or other legally protected status.

\_\_\_2. I understand the YMCA reserves the right to conduct criminal background and reference checks on all volunteers.

\_\_\_3. I understand that the YMCA nor its agents, employees, servants, or invitees shall be liable to me or any of my family, agents, employees, servants or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused. I will not hold the YMCA responsible for any injuries or accidents that may occur.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Applicant

\_\_\_\_\_  
Supervisor of Volunteer -name \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_\_(please check) photo copy of photo ID of volunteer attached. Position or area to volunteer? \_\_\_\_\_