



VOLUNTEER

YMCA of Silicon Valley Volunteer Application

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Association Office | <input type="checkbox"/> El Camino | <input type="checkbox"/> Sequoia |
| <input type="checkbox"/> Central | <input type="checkbox"/> Mt Madonna | <input type="checkbox"/> South Valley |
| <input type="checkbox"/> Camp Campbell | <input type="checkbox"/> Northwest | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> East Palo Alto | <input type="checkbox"/> Page Mill | |
| <input type="checkbox"/> East Valley | <input type="checkbox"/> Palo Alto | |

Personal Information

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Home Phone () _____ Work Phone () _____

Volunteer Interests (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Aerobics Instructor | <input type="checkbox"/> Camp | <input type="checkbox"/> Board Committee |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Service Desk | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Office | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Fund Raising Volunteer | <input type="checkbox"/> Other: _____ |

Volunteer Service Required? Yes No Number hours needed? _____

Are you a YMCA member? Yes No If yes, what branch? _____

Have you been staff/volunteer for another Y? Yes No If yes, what branch? _____

Availability

Please indicate the days and hours you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Comments _____

Emergency Contact Information

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Home Phone () _____ Work Phone () _____

References

Name _____ Phone () _____

E-mail _____

How long has this person known you? _____ Relationship to you _____

Name _____ Phone () _____

E-mail _____

How long has this person known you? _____ Relationship to you _____

Current Employment *(optional)*

Please list your current employer:

Company/Organization _____ Position _____

Supervisor _____ Phone () _____

May we contact them? Yes No

What skills do you use at work? _____

Volunteer Information *(optional)*

Please list current or previous volunteer experience:

Organization _____ Position _____

Supervisor _____ Phone () _____

Types of services offered by organization? _____

Days of Volunteering _____ May we contact them? Yes No

I am certified in: CPR Type _____ Expires on _____

First Aid Type _____ Expires on _____

Lifeguard Type _____ Expires on _____

Criminal History Background: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered. If employed by the YMCA of Silicon Valley you will be fingerprinted and a criminal history background check will be conducted. Should you be arrested or convicted while in the employ of the YMCA of Silicon Valley a subsequent arrest notification will be forwarded to the YMCA by the Department of Justice.

Have you ever been convicted of a criminal offense? Yes No

You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for marijuana-related offenses for personal use, and misdemeanors for which probation was completed and the case judicially dismissed.

If yes, please explain: _____

Have you been arrested for any criminal violation for which you are currently out on bail, out on your own recognizance or otherwise on release pending bail? Yes No

If yes, please explain: _____

Are you a registered sex offender? Yes No

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act (ADA), the YMCA seeks reasonable accommodation measures for applicants/employees to perform essential functions.

Applicant's Certification and Agreement (Initial each section and sign below)

_____ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.

_____ I authorize YMCA of Silicon Valley the right to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the YMCA of Silicon Valley and its representative from seeking, gathering and using such information and all other person, corporation or organization from furnishing and disclosing information.

_____ If I become a volunteer, I understand that I am free to resign at any time and my volunteer employer reserves the same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length time hinges on the quality of the job that I do as a volunteer.

_____ I understand and agree that as a volunteer I will be fingerprinted.

I represent and warrant that I have read and fully understand the foregoing and seek to volunteer under these conditions.

Volunteer's signature _____ Date: _____

Parent/Guardian signature *(if under 18)* _____ Date: _____