

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the Cedar Valley.

At the YMCA, we know that your time and talents 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, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA. Please know that filling out this application DOES NOT guarantee volunteer placement at the Y.

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 email <u>info@blackhawkymca.org</u>.

Please indicate your areas of interest:

Administration/Clerical	Maintenance	□ Youth Sports				
Annual Campaign	□ Special Events	□ Youth Programs				
□ Aquatics	Teens	U Wellness/Fitness				
Greeters	Tutor/Mentor	□ Other:				
Name:		Date of Birth:				
Address:	City, State, Zip:					
Email:		Phone Number:				
Have you ever volunteered a	t the YMCA before?	🗆 Yes 🛛 No				
Have you ever been convicte	d of a felony?	🗆 Yes 🗆 No				
Have you had any criminal convictions for child abuse or sex-related crimes?						
Why are you interested in volunteering with the YMCA?						
Are you required to volunteer? Yes No If yes, how many hours are needed? Deadline?						
Name of school/agency/government body requiring community service:						

Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Туре	Name	Contact Information	Years Known
Family Member		Email:	
		Phone:	
Personal or Professional		Email:	
		Phone:	
Personal or Professional		Email:	
		Phone:	

Signature of Applicant:	Date:
Parent Signature (if applicant is under 18):	Date: