** Wabash County YMCA**

 Volunteer Application

Name (Last, First, M.I.): Birth Date(mm/dd/yy): p

Local Address: p

City: State: Zip Code: p

Phone(Home): (Mobile): E-Mail: \_\_ \_\_ p

Employer: p

Emergency Contact: Phone: Relationship: p

**Please List 2 References** (personal/non-relative and professional)

Name: Phone: Relationship: p

E-Mail: p

Name: Phone: Relationship: p

E-Mail: p

**Do you have a driver’s license?** U.S.citizen? If not, type of Visa: p

**Have you ever been convicted of a felony? (circle one) Yes No**

1. Date of conviction: 2. Offense: \_\_\_\_ 3. Sentence & Fine: p

**Check your area(s) of interest:**

\_\_\_Any

Early Childhood

\_\_\_Learn with Me

\_\_\_Child Watch

Youth Sports

\_\_\_Coach

\_\_\_Referee

\_\_\_Concession

School Age Youth

\_\_\_LEAP

\_\_\_SPARK (summer)

\_\_\_Day Camp volunteer (summer)

Active Older Adults

\_\_\_Coffee & Conversation

\_\_\_BINGO

Aquatics

\_\_\_Water Safety Initiative

Facility Cleaning

\_\_\_Field of Dreams

\_\_\_Wellness

\_\_\_Aquatics

Events

\_\_\_Togetherhood

\_\_\_5K Race

\_\_\_Wellness

\_\_\_Board / Committee

\_\_\_Fundraising

Other information about your availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Volunteer Information:**

Are you volunteering to meet a class requirement? If yes, please provide the following information:

School: Major: Year: FR SO JR SR GR

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ p

Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief description of your past volunteer experience: p

 P

 P

What do you hope to gain from your experience? P

 P

**I understand and agree that:**

1. Any misrepresentation or deliberate omission on this application may be justified as termination of volunteerism.

2. The YMCA will make a thorough investigation of work history and verification of all data. I authorize this investigation and I release any person for giving or receiving such information.

3. I have read and understand the above.

4. I understand that it is the YMCA’s policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA’s obtaining a conviction-only criminal history file search. The Wabash County YMCA will be seeking information in my background related to child abuse.

Name (last, first, M.I.): p

Names previously used/name before marriage: p

Birthday: Race: Sex: p

Social Security Number: Driver’s License Number/State: p

  P

 ***Signature Date***

**Contact: Patty Godfroy, Director of Member Experience**

**(260) 563-YMCA**

**pgodfroy@wabashcountyymca.org**

**For Office Use Only.**

Forward to Patty Godfroy: Received By: p

Date Received: Date Contacted Volunteer: p

Revised: 10/09/2014