

VOLUNTEER APPLICATION

Return this application to: Human Resources, 1410 Rte. 22 West, Annandale, NJ 08801

 <p>Hunterdon County YMCA</p>	<p style="font-size: small; letter-spacing: 0.5em;">C A R I N G</p> <div style="background-color: black; color: white; padding: 5px; text-align: center;"> <p>YMCA Character Development</p> </div> <p style="font-size: small; letter-spacing: 0.5em;">R E S P E C T A B I L I T Y</p>	<p>Mission Statement: The Hunterdon County YMCA is committed to helping people grow in spirit, mind and body. We are a community service organization founded upon Christian values, which today embraces all faiths, serving individuals regardless of age, race or economic means. The YMCA is guided by our core principles of caring, honesty, respect and responsibility.</p>
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APPLICATION INSTRUCTIONS

1. Please *print* all information clearly and complete all sections.
2. Read the Certification And Release carefully before you sign the application.
3. Sign and date the application where indicated.



PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address		Home Phone ()	
City, State, Zip		Business Phone ()	
Email Address:		Date of Birth:	
Have you ever volunteered for the Hunterdon County YMCA before? Yes <input type="checkbox"/> No <input type="checkbox"/>			
When _____ Location _____			

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court. Yes No

If yes, please explain & include dates, court name & location: _____
 (Pending charges or a conviction will not necessarily disqualify an applicant from volunteering but will be considered in relation to the position sought).

Area in which you would like to volunteer:

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Child Care	<input type="checkbox"/> Preschools	<input type="checkbox"/> Other _____
<input type="checkbox"/> Art	<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Seniors	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Soccer	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Membership Desk	<input type="checkbox"/> Special Event	
<input type="checkbox"/> Board of Trustees	<input type="checkbox"/> Office Help	<input type="checkbox"/> Any	

Date Available: _____

Skills:

<input type="checkbox"/> Typing	<input type="checkbox"/> Photography	<input type="checkbox"/> Art
<input type="checkbox"/> Filing	<input type="checkbox"/> Crafts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Computers	<input type="checkbox"/> Music	

Availability : _____ Monday Hours: _____ _____ Thursday Hours: _____ _____ Sunday

Please check off days & complete times

_____ Tuesday Hours: _____ _____ Friday Hours: _____ Hours: _____

_____ Wed Hours: _____ _____ Saturday Hours: _____

Emergency Contact:

1) Name _____ Daytime Phone _____ Evening Phone _____
 Address _____

2) Name _____ Daytime Phone _____ Evening Phone _____
 Address _____

How were you referred to the YMCA? Employee Advertisement Drop-In School Agency Other _____

Name of referral source indicated above _____

EDUCATION INFORMATION

SCHOOL	NAME/LOCATION	COURSE STUDY	# YRS COMPLETED	DEGREE/DIPLOMA
High School				
College				
Other School				

EMPLOYMENT INFORMATION If not currently employed, please list PREVIOUS VOLUNTEER EXPERIENCE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1) Employer Name	Phone()
Address	Employed—(Month & Year) From To
Name of Immediate Supervisor	Reason for Leaving
Job Title and Major Duties	

2) Employer Name	Phone()
Address	Employed—(Month & Year) From To
Name of Immediate Supervisor	Reason for Leaving
Job Title and Major Duties	

PERSONAL REFERENCES Please provide name, address & phone number—Include one relative

1)
2)
3) Relative:

CERTIFICATION/RELEASE (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. If accepted as a volunteer, any misstatement or omission of fact on this application may result in my dismissal from the Hunterdon County YMCA (HCYMCA) Volunteer Program. I understand that nothing contained in this application, or in the granting of an interview, or acceptance as a volunteer is intended to create a contract between the HCYMCA and myself. I understand that, if accepted, the relationship between the HCYMCA and myself is volunteerism at-will. Therefore, my participation in the HCYMCA Volunteer Program may be terminated with or without cause, and with or without notice at anytime, for any reason, at the option of either the HCYMCA or myself.

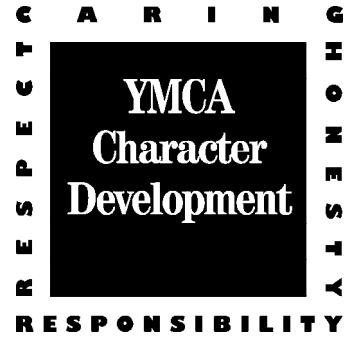
I authorize investigation of all statements contained in this application. I authorize the HCYMCA (its authorized employees, agents or representatives) to secure information about my experience with current or former employers, education institutions, agencies, references and others noted on this application. I release the HCYMCA (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I also release from all liability all persons supplying information pursuant to such investigation.

I understand that my volunteering is also contingent upon receipt of satisfactory references, criminal background investigations, as appropriate, and the satisfactory completion of a physical examination or drug and alcohol testing, if required. I agree to authorize release of all results or information obtained from such physical examination or testing. I certify that, if accepted as a volunteer, I will abide by all rules and regulations of the HCYMCA. I have read the above statements and accept the same as a condition of my consideration for volunteering at the HCYMCA.

VOLUNTEER SIGNATURE: _____ DATE: _____

FOR MINORS ONLY—PARENTAL PERMISSION: I hereby give my permission for my son/daughter to join the Volunteer Program at the Hunterdon County YMCA (HCYMCA), and to work in whatever services he/she is assigned. I agree with the statements contained in the above Certification/Release and authorize the HCYMCA to act in accordance with the above. I realize the responsibility of the Association to its members and will cooperate with my child to comply with the rules and regulations of the HCYMCA and to fulfill his/her obligations, which includes providing him/her with transportation and seeing that he/she faithfully maintains his/her scheduled service assignment time.

PARENT'S SIGNATURE: _____ DATE: _____



STATEMENT OF VOLUNTEER APPLICANT

In the Hunterdon County YMCA's efforts to attract the highest quality volunteers, I have been advised that as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my acceptance as a volunteer by the Hunterdon County YMCA, I will comply with all policies established by the Association. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for volunteer status. I understand that my continued volunteer status may be contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

I understand that it is this Association's option to secure conviction criminal history information as a part of the volunteer screening process. I have provided the following information for the sole purpose of obtaining a criminal history file search. I understand that the Hunterdon County YMCA does not condone child abusers and that, as a part of this investigation, the Hunterdon County YMCA will be seeking information in my background related to child abuse.

Name _____
Last First Middle

Maiden name/names previously used _____

Drivers License Number _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer status or, after acceptance as a volunteer, may be cause for termination of volunteer status with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if accepted as a YMCA volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

I understand that the YMCA follows the Character Development values of Caring, Honesty, Respect & Responsibility and that, if accepted as a volunteer, I will be expected to display and uphold these values during my volunteer service with the YMCA.

I understand and agree that if I am accepted as a volunteer, there is no contract period for volunteer service and my volunteer service would be solely an "service at will" giving either me or the YMCA the right to terminate my volunteer status at any time for any reason without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

PLEASE COMPLETE BACK OF FORM

PLEASE LIST ALL PREVIOUS ADDRESSES (Use additional sheet if needed)

PLEASE PRINT

FROM:

TO:

Mo _____ Yr _____ Mo _____ Yr _____

Present Street Address

City, State, Zip

FROM:

TO:

Mo _____ Yr _____ Mo _____ Yr _____

Previous Street Address

City, State, Zip

FROM:

TO:

Mo _____ Yr _____ Mo _____ Yr _____

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