

VOLUNTEER APPLICATION

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

 <p>Hunterdon County YMCA</p>	C A R I N G R E S P O N S I B I L I T Y		<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 _____

