



# VOLUNTEER APPLICATION

## YMCA OF THE FOX CITIES

Thank you for considering the YMCA of the Fox Cities as a place to share your time and talents. Volunteers are vital to the Y, without them we would not be able to meet the needs of the children, families and adults.

You will find questions that include your interests, background and places of employment. 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 of the Fox Cities.

**(Please Print)**

Date of Application: \_\_\_\_\_ YMCA Member: \_\_\_\_\_ YES \_\_\_\_\_ NO

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years of age or over? \_\_\_\_\_ YES \_\_\_\_\_ NO  
**(If no, please have parent/guardian sign this application.)**

### VOLUNTEER INTEREST

Area/Program in which I wish to volunteer: \_\_\_\_\_

YMCA Location:  APPLETON YMCA/THOMPSON COMMUNITY CENTER  FOX WEST YMCA  
 APPLE CREEK YMCA  HEART OF THE VALLEY YMCA  
 CHILD LEARNING CENTER  MENASHA SENIOR CENTER  
 CAMP NAN A BO SHO  NEENAH-MENASHA YMCA

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Time(s):							
Available Date(s):							

Are there any particular skills, talents or interests you'd like to share? \_\_\_\_\_

### VOLUNTEER RELATED REFERENCES

List three people (i.e. teacher, coach, pastor, co-worker, etc.) who you have known for at least two years to provide a reference.

Name	Day Time Telephone #	Evening Telephone #	Years Known
Name	Day Time Telephone #	Evening Telephone #	Years Known
Name	Day Time Telephone #	Evening Telephone #	Years Known

**(Over)**

## EMPLOYMENT OR VOLUNTEER EXPERIENCE

► **Organization/Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employment/Volunteer Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

► **Organization/Company:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Employment/Volunteer Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EDUCATION

School: \_\_\_\_\_ Years Completed (Circle): 8    9    10    11    12

College: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Describe specialized training, apprenticeship, skills and honors received: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## VOLUNTEER STATEMENT

I hereby affirm that the information given by me on this application for volunteering is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize investigation of all statements contained in this application. I understand this agreement and have read it carefully before signing.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (if under age 18): \_\_\_\_\_

Date: \_\_\_\_\_