



## Albany Area YMCA VOLUNTEER APPLICATION

### PERSONAL INFORMATION - Please print clearly

Legal First Name:		MI:	Legal Last Name:	
Address:		Apt:	City/State:	Zip:
Main Phone:	Alt. Phone:		Email:	
Emergency Contact:		Relationship:	Phone:	
Y Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like info. on becoming a member? <input type="checkbox"/> Y <input type="checkbox"/> N		
Are you 18 years of age or older? <input type="checkbox"/> Y <input type="checkbox"/> N If no, what is date of birth?				
Have you been convicted of, or plead guilty to, any criminal offense? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe in full:				

### STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service?  Y  N

Name of school: \_\_\_\_\_ # of Hrs. Needed \_\_\_\_\_ Deadline: \_\_\_\_\_

### COMMUNITY SERVICE VOLUNTEERS

The Albany Area YMCA has chosen not to accept court ordered community service. If you need hours to satisfy a judgment due to criminal offense, please seek opportunities elsewhere.

### SERVICE AREA

Desired Position:		Date you can Start:	
How did you hear about this service opportunity?	Website School	Media First Hand	Friends Other: _____

### RELATED BACKGROUND

Have you previously volunteered for or been employed by a YMCA?  Y  N

If yes, when and where? \_\_\_\_\_

Are you employed now?  Y  N Where? \_\_\_\_\_

Are you related to a current YMCA Employee?  Y  N Whom?: \_\_\_\_\_

Current year in school/highest level completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Certifications held (include expiration date): \_\_\_\_\_

### REFERENCES

For the safety of our participants, staff, and volunteers, we complete at least two reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers, or school counselors. Please do not use relatives or household members.

<b>1</b>	Name:	Relationship:	Phone:
<b>2</b>	Name:	Relationship:	Phone:
<b>3</b>	Name:	Relationship:	Phone:

## VOLUNTEER AVAILABILITY

Please indicate the days and hours you are available to volunteer.

_____	Mondays	Time: _____
_____	Tuesdays	Time: _____
_____	Wednesdays	Time: _____
_____	Thursdays	Time: _____
_____	Fridays	Time: _____
_____	Saturdays	Time: _____

How often do you want to volunteer? (Ex: once a month, twice a week, one time events)

## AREAS OF INTEREST

Please check all that apply.

_____	Youth Sports (coaching, administrative, referring, running scoreboards, etc.)
_____	Field & Court Maintenance (lining fields, positioning goals, sweeping basketball courts, etc.)
_____	Clerical/Computer (inputting data, stuffing envelopes, making and sorting copies, filing, etc.)
_____	Facility Improvements (painting, cleaning, lawn care, trash pick up, etc.)
_____	Fundraising/Marketing (making phone calls, flyer distribution, photography, etc.)
_____	Special Events - Chili Run, SuperKidz Triathlon (registration, securing sponsors, stuffing goodie bags, directing runners, organizing t-shirts, set up, clean up, etc.)
_____	Childcare/Youth - TurboKidz, Tot Lot, Childwatch, Homeschool PE, Afterschool, Summer Camp

Do you have any specific skills you would like to improve upon?

Do you have any special talents you would like to share?

Do you have any special interests you'd like to explore?

Age Groups: Please tell us which age groups you're most interested in working with: (check all that apply).

_____	Infants (0-3)	_____	Children (6 -12)	_____	Adults
_____	Pre-K (4-5)	_____	Youth (13 & Up)	_____	Senior Adults

**CONDITIONS OF VOLUNTEER PARTICIPATION**

*If the volunteer is at least 18 years old, then the volunteer must read and sign below:*

I understand as a volunteer, that I am not an employee of the Albany Area YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Georgia Worker's Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTANDING ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE ALBANY AREA YMCA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If the volunteer is under 18 years old, then the parents/guardians must read and sign below:*

I understand as my minor child is a volunteer, that my minor child is not an employee of the Albany Area YMCA and understand and agree that he/she will not receive any compensation or benefit nor be eligible for any coverage under the Georgia Worker's Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTANDING ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR WHILE HE/SHE IS VOLUNTEERING WITH THE ALBANY AREA YMCA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT AGREEMENT**

I hereby affirm that I have accurately completed this volunteer application. My answers to all the questions are true and correct, and I have not knowingly withheld any fact or circumstance that may, if disclosed, affect my application unfavorably. I understand that any false or incomplete information submitted in this application may result in my termination from the YMCA as a volunteer.

I understand that as a volunteer I will be required to perform assigned tasks at the dates and times specified and agreed upon with the assigned department director. I understand that by volunteering at the Albany Area YMCA I will be required to follow policies and procedures and act in a manner that represents the Y's core values.

I also affirm that if I am under the age of 18 that my parents/guardians have reviewed my application and have agreed to the conditions of my participation.

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date