



**STEVENS POINT AREA YMCA  
VOLUNTEER APPLICATION  
SPECIAL EVENTS**

**Thank you for choosing to volunteer for the Stevens Point Area YMCA! In order to make best use of your time and talents we ask you to take a few minutes to complete this application. If you have any questions, please contact Roz in Human Resources (715-342-2980 ext. 319).**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you volunteering as part of a group or organization?

No  Yes Group: \_\_\_\_\_

Are you the group contact:  Yes

No Contact Name: \_\_\_\_\_

Phone or e-mail: \_\_\_\_\_

**Event Volunteering For:** \_\_\_\_\_

Date(s) and Time(s) Available: \_\_\_\_\_

Preferred Tasks:

- Pre-Event Activities
- Set-Up Registration/Check-In
- Event Activities (Indicate preferences): \_\_\_\_\_
- Clean-Up
- Other: \_\_\_\_\_

Have you volunteered for this event previously?  Yes  No

**References**

Name		
Relationship		
Address		
Phone		
How long known?		

*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 service, or after my service begins, may be cause for termination. I hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge. I understand that the Administrative Staff of the Stevens Point Area YMCA is required to report to the proper authorities any suspected sexual or harmful misconduct toward a child. Such misconduct is grounds for immediate termination of the volunteer activity and possible prosecution. I authorize the Stevens Point Area YMCA to conduct appropriate background and reference check.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth (required for background check):** \_\_\_\_\_

**Signature of Parent or Guardian if under 18:** \_\_\_\_\_