



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? No Yes

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? No Yes

REFERENCES Please provide two references

Name _____ Relationship _____

Address _____

Phone _____ How long known? _____

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 _____