



STEVENS POINT AREA YMCA

1000 Division Street

Stevens Point, WI 54481

715 342 2980

www.spymca.org

VOLUNTEER APPLICATION

Thank you for your willingness to donate your time and talents to the Y. Volunteers are vital to the Y. Without them, we would be challenged to meet the needs of kids, families, and adults who live in the Stevens Point Area.

At the Y, we know that your time and talents are precious, and we want every minute that you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you will understand that unfortunately there are a few people who apply for volunteer jobs at the Y for the wrong reasons. The Y makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct appropriate background and reference checks on all volunteers based on position and duties. It's just one of the many ways that we help protect children and other vulnerable people served by the Y.

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact our Human Resources Department, **715 342 2980**.

Name _____

General Information

Name _____ Today's Date _____

Address _____ Birthdate _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

How long have you been at this address? _____ E-mail _____

Are you a member of the YMCA? Yes No Location _____

Names of relatives employed by the Stevens Point Area YMCA and their relationship to you _____

Have you previously been employed by this YMCA? Yes No If Yes, when? _____

Have you ever pled guilty to or been convicted of a crime excluding minor traffic violations? Yes No

If yes, give dates and circumstances _____

Is additional information regarding change in name identification required to check your work, education, or other background? Yes No If yes, what name? _____

References

Please list three people besides relatives and employers whom you have known for at least two years and know you well enough to provide us with a reference.

Name _____ Relationship _____

Company/School _____ Phone (_____) _____

Address _____ How long have you known them? _____

Name _____ Relationship _____

Company/School _____ Phone (_____) _____

Address _____ How long have you known them? _____

Name _____ Relationship _____

Company/School _____ Phone (_____) _____

Address _____ How long have you known them? _____

Employment/Volunteer History

Please list your last three employers/organizations starting with the most recent.

Organization _____ Dates _____

Address _____ Phone _____

Supervisor _____ Position _____

Briefly describe duties _____

Organization _____ Dates _____

Address _____ Phone _____

Supervisor _____ Position _____

Briefly describe duties _____

Organization _____ Dates _____

Address _____ Phone _____

Supervisor _____ Position _____

Briefly describe duties _____

Residences

Please list your last two addresses (excluding your current address) starting with the most recent.

Street address _____

City _____ State _____ Zip _____ Dates of residence _____

Street address _____

City _____ State _____ Zip _____ Dates of residence _____

Education and Special Training

Formal education not required to volunteer. We welcome experience of all kinds!

Name/Location of school or institution _____

Course of study/Major _____ Degree/Diploma _____

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Are there any particular skills, talents, or interests you would enjoy sharing? (i.e. clerical work, data entry, referee)

I'd be most interested in: (Mark all areas of interest)

- | | | |
|---|---|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Membership Services |
| <input type="checkbox"/> Adapted Recreation | <input type="checkbox"/> Special Events | <input type="checkbox"/> Buildings and Grounds work |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Youth in Government |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Youth Recreation | <input type="checkbox"/> Office support work |
| <input type="checkbox"/> Older Adult Programs | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Other _____ |

The types of commitment I have in mind is: (Mark all that you would like)

- | | |
|--|--|
| <input type="checkbox"/> Ongoing volunteer work | <input type="checkbox"/> Short-term projects |
| <input type="checkbox"/> Volunteering with my whole family | <input type="checkbox"/> Volunteering as a part of a group |

Availability: Please check times available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

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 do hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge, against a child as defined in the Wisconsin Statute. Furthermore, I am aware of the Wisconsin Statute which states that intentionally/willfully placing a child in a position of danger when intent to commit to harm to said child, or placing child in a position of mistrust to include any sexual misconduct with a child, is punishable by law. I also understand that the Administrative staff of the YMCA is required to report any such misconduct to the proper authorities. Such misconduct will be grounds for immediate suspension and possible prosecution and termination.

Signature _____ Date _____

Signature of Parent of Guardian if under 18 _____