



# Volunteer Application

*We build strong kids, strong families, strong communities.*

*Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on Page 3 of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. PLEASE COMPLETE ENTIRE APPLICATION IN INK.*

Last Name	First	Middle	Branch
Street Address			Date
City, State, Zip			<b>Referral Source:</b> <input type="checkbox"/> Job Line <input type="checkbox"/> Advertisement <small>(which publication?)</small> _____
Home Phone (      )			<input type="checkbox"/> Friend/Relative <input type="checkbox"/> Employee <input type="checkbox"/> Walk in <input type="checkbox"/> Other _____
Business Phone / Cell Phone (      )			Are you a member of a YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Email Address:</b>			If yes, which branch? _____
			When will you be available to begin volunteering? _____

Type of volunteer experience desired: 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

- Have you previously applied for employment or volunteerism with the YMCA?  Yes  No If yes, when? \_\_\_\_\_
- Have you been employed by any YMCA?  Yes  No If yes, give YMCA name \_\_\_\_\_  
Address \_\_\_\_\_ Dates of Employment \_\_\_\_\_
- Have you been convicted of a crime of child abuse or unlawful sexual behavior?  Yes  No  
If yes, explain \_\_\_\_\_
- Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)  Yes  No  
(A conviction will not necessarily disqualify an applicant for employment.)  
If yes, give details \_\_\_\_\_

**IF A VOLUNTEER IS FOUND TO HAVE A CRIMINAL RECORD, EMPLOYMENT MAY BE TERMINATED. THE YMCA HAS STRICT VOLUNTEER CRITERIA. WE CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL PROGRAM VOLUNTEERS.**

Relatives employed by or on a Board of the YMCA of Metropolitan Denver:

Name	Relationship	Branch
_____	_____	_____
_____	_____	_____

**What other organizations have you volunteered for, if any?**

Name	Address	Phone Number	Position	Supervisor	Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

One personal reference that is a relative:			
Name	Address	Phone	Relationship
_____			

# Employment History

List most current first.

	1	2	3
Company Name			
Supervisor Name			
Dates of Employment			
Position Held			
Street Address			
City / State / Zip			
Telephone No. (with Area Code)			

# Personal References

Others Familiar with your Work or School Achievements. (Not former employers or relatives.) **Must include complete information.**

	1	2	3
Name (First / Last)			
Occupation			
Company / School			
Street Address			
City / State / Zip			
Telephone No. (with Area Code)			

### AFFIDAVIT, CONSENT & RELEASE (Please Read Each Statement Carefully Before Signing)

I hereby declare that all information provided by me in this Application for Volunteering or any attachments is true, correct and complete. I understand that any false information, misstatement or omission of fact on this application or attachments may disqualify me from further consideration for employment or volunteering may lead to immediate termination of volunteering relationship if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I authorize you to obtain any background information including, but not limited to reference checks, criminal checks and motor vehicle information. These reports, if obtained, may include information as to my character, general reputation, abilities and other information.

I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**I UNDERSTAND THAT THE YMCA HAS THE RIGHT TO TERMINATE ANY VOLUNTEER RELATIONSHIP AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

If applying for a job in licensed childcare, I understand that any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

I have read, understand and by my signature, consent to these statements.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or guardian if under 18

\_\_\_\_\_  
Date

# Approval For Volunteering

Supervisor's Signature \_\_\_\_\_

\_\_\_\_\_  
Date

Branch Executive's Signature of Approval \_\_\_\_\_

\_\_\_\_\_  
Date