



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CAPITAL DISTRICT YMCA Volunteer Application

Welcome to the Capital District YMCA! We're grateful for your interest in the Y and rely on the expertise and passion of volunteers like you.

### Your Contact & Personal Information

Your First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Your Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Your date of birth (mo/day/year):        /        /

In case of emergency, who should we notify? Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever volunteered for the Capital District YMCA?  Yes  No

### Your Employment History

Have you ever been employed by the Capital District YMCA?  Yes  No

If yes, please share where you worked (which branch), what position held, when you worked with us, and your reason for leaving us.

\_\_\_\_\_

Recent/Current Employment Position \_\_\_\_\_ Employer \_\_\_\_\_

Major Functions Performed \_\_\_\_\_

Retired?  Yes  No / If yes, from where did you retire? \_\_\_\_\_

### Previous Volunteer Experience

Volunteer Position \_\_\_\_\_ Organization Name \_\_\_\_\_

Major Functions Performed \_\_\_\_\_ Dates \_\_\_\_\_

Please share a couple of non-relative references we may contact:

Name	Relationship	Occupation	Phone No.
1) _____	_____	_____	_____

2) _____	_____	_____	_____
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Please take a moment to share with us why you wish to volunteer for the Capital District YMCA.

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Please let us know which areas are of interest to you:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Special Events           | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Aquatics      | <input type="checkbox"/> Youth/Children            |
| <input type="checkbox"/> Health & Wellness        | <input type="checkbox"/> Membership      | <input type="checkbox"/> Youth Sports  | <input type="checkbox"/> Reading to Children       |
| <input type="checkbox"/> Office Support           | <input type="checkbox"/> Arts & Crafts   | <input type="checkbox"/> Summer Camp   | <input type="checkbox"/> Properties/Beautification |
| <input type="checkbox"/> Special Interest Classes | <input type="checkbox"/> Helping Seniors | <input type="checkbox"/> Helping Teens | <input type="checkbox"/> YMCA Literacy Programs    |

Other \_\_\_\_\_

Which days are you available to volunteer?

- Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

### Your Education & Certification

Are you currently attending school?  Yes  No / If yes, where? \_\_\_\_\_

Please share the educational level or years you completed in school \_\_\_\_\_

Please share any talents, hobbies or special certifications you have: \_\_\_\_\_

If your volunteer work involves service hours for school, a principal, administrator or advisor may need to sign and approve this form. If so, please provide the following:

School Name \_\_\_\_\_ # of Service Hours Required \_\_\_\_\_

Completed by \_\_\_\_\_

I, \_\_\_\_\_ verify that this student is in good standing at my

(School Official) Please Print Your Name

school or in my program and is approved to volunteer for the Capital District YMCA.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

As an Equal Opportunity Employer, please know that we do not discriminate because of any individual's race, creed, color, gender, age, national origin, sexual orientation, ancestry, marital status, veteran status, religion or disability.

Are you applying for Court Ordered Community Service?  Yes  No

Have you ever been convicted of a crime?  Yes  No / If yes, please explain for what and when you were convicted.

### Applicant Acknowledgement

I will serve the Capital District YMCA to the best of my ability, and will conduct myself in accordance with the Y's core values of caring, honesty, respect, and responsibility at all times. I have completed this application truthfully and sincerely. I understand that the Capital District YMCA makes every effort to ensure the health and well-being of its members, staff, volunteers, and guests, and will complete a background check to verify that my interest in volunteering matches the core values of the Y. In an effort to help promote Y programs and services, I understand that I may be photographed and my voice may be recorded, and I grant the Capital District YMCA permission to do so.

Volunteer Applicant Signature \_\_\_\_\_

Parent or Guardian Signature (if the applicant is under the age of 18) \_\_\_\_\_

Date \_\_\_\_\_