

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in Fayette County.

At the YMCA, we know that your time and talent are precious, and we want every minute 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'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA. Thanks for your cooperation in this effort.

If you have any questions about this or any part of our application process, contact Kalyn at 740-335-0477.

Today's D	ate (Mon	th/Day/Ye	ar)					
🗆 Mr.	🗆 Mrs.	□ Miss	□ Ms.	\Box Rev.	🗆 Dr.	□ Other		
Name								
(La	ast)			(First))	(Middle)		
Address _				C	City		State	Zip
		ı been at t		ss?		Phone: Day		
Are you 1 applicatio		of age or o	ver? 🗆 \	∕es □No) (If no, p	lease have your	parent or gua	ardian sign the
Emergen	icy conta	act						
Name								
Address _				C	City		State	Zip
Phone: Da	ay			Eveni	ng			
Interests How did y	-	about volu	unteer opp	portunities	at the YM	1CA		
	•	e to voluni						
What volu	unteer op	portunities	s interest	you? 🗆 V	Vellness (Coach 🗆 Gree	ter 🗆 Yout	:h Room
Supervisor Youth Sports Coach Committee Member Specify Committee								
•		• 						

Are there any particula	r skills, talents,	or interests	you'd like	to share?
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What other organizations have you volunteered for, if any	?
Background Please list here any other names you may have used in th	e past:
Driver's license number	
Have you ever plead guilty or been convicted of a criminal was it and what was the year?	offense? YES NO If so, what
(Complete back of a	application)
Please list your last two addresses (excluding your current	t address) starting with the most recent:
1	
Street addressCityStateFrom when to when?(include month and year)	e Zip
2	
Street address City State From when to when? (include month and year)	e Zip
Employment History Please list your last two employers, starting with the most	recent:
1. Name of organization	
Employed from when to when? (include month and year))
Address	Telephone
State job title and describe your work Name and title of immediate supervisor	
2. Name of organization	
Employed from when to when? (include month and year))
Address	Telephone
State job title and describe your work Name and title of immediate supervisor	
Military history	
Date of entry Date of entry	Date of discharge Final rank

References

Date _____

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

1. Name		Address
Telephone	Relationship to you	
How long have you known this	reference?	
2. Name		Address
Telephone	Relationship to you	
How long have you known this	reference?	
As a condition of volunteering, I	give permission to the	e Fayette County Family YMCA to conduct a
background check on me, which	may include a review	of sex offender registries, child abuse and criminal
history records. I understand th	at, if appointed, my p	osition is conditional upon the YMCA receiving no
inappropriate information on my	background. I hereb	y release and agree to hold harmless from liability
the Fayette County Family YMCA	, the officers, employe	ees and volunteers thereof, or any other person or
organization that may provide su	ch information. I also	o understand that, regardless of previous
appointments, the YMCA is not o	bligated to appoint m	e to a volunteer position. If appointed, I understand
that, prior to expiration of my te	rm, I am subject to su	uspension by the YMCA staff and/or Board of
Directors for violation of YMCA p	olicies.	
Your signature		Date
Parent's or guardian's signature	(if you're under 18) _	