



# HAMILTON AREA YMCA

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Are you at least 13 years of age? \_\_\_ Yes \_\_\_ No

Professional Certifications: \_\_\_ CPR \_\_\_ First Aid \_\_\_ Life Guard \_\_\_\_\_ Other

List any relatives currently employed by the Hamilton Area YMCA:

Name	Relationship	Department

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**AREA(S) OF INTEREST FOR VOLUNTEERING:** *(please check all that apply)*

- Youth sports league coach
- Community Sports
- Before and After school programs
- Summer camp buddy for campers with special needs
- Togetherhood
- Assisting with the programs for children and adults with diverse abilities
- Assisting in classes (sports, swim, etc.): \_\_\_\_\_
- Leading workshops in your area of expertise: \_\_\_\_\_
- Welcoming Y members and participants as a member greeter
- Serving as a board or committee member
- Fundraising during the Annual Giving campaign
- Participating on special event fundraising committees
- Providing clerical/office support
- Other \_\_\_\_\_

**AVAILABILITY:**

\_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

**EDUCATION:**

	Name/Location of School	Number of Years Attended	Degree Attained
High School			
College			
Business/Trade/Technical			

**VOLUNTEER EXPERIENCE:**

Please list your volunteer experiences, beginning with the most recent. Use additional paper, if needed.

Organization	Duties	Dates	Contact Person	Phone Number and Email Address

**EMPLOYMENT HISTORY:**

Dates of employment (start with most recent)	Company Name and Address (city, state, zip)	Supervisor name and phone. Include email address, if possible	Position held	Reason for leaving

**REFERENCES:**

Reference name	Address (city, state, zip)	Daytime phone number	How long have you known this person?	Personal or professional reference

**AUTHORIZATION**

I state that all of the information contained in this application is true and correct, and expressly authorize the investigation of all statements or answers to questions contained in this application. I understand and agree that any misrepresentation or omission of facts in this application shall be grounds for rejecting the application, or if discovered after the start of volunteer assignment, shall result in immediate elimination of this volunteer opportunity.

I understand that, if I am 18 years of age or older, the Hamilton Area YMCA requires, and my ability to volunteer, is conditioned upon my successful completion of a criminal background check.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_