



La Crosse Area Family YMCA VOLUNTEER APPLICATION

Please print legibly in ink. You must complete the entire application. DATE: _____

APPLICANT INFORMATION

Name (first, middle, last)	Phone Number: ()
Address (street, city, state, zip code)	Cell Phone: if different from above ()
Please list any other names under which you have worked or attended school.	Email Address:
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, date of birth _____ Volunteers under 18 years of age will need written permission from their parent or guardian. (please attach)	Are you a current member of the La Crosse Area Family YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted. We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.	

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service: (check any that apply)

Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times of Day: Morning Afternoon Evening List hours per week desired _____

Please indicate in numerical order the top three areas of interest: La Crosse North Both

Programs:

<input type="checkbox"/> Aquatics/Swim Team	<input type="checkbox"/> Member Service	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Adult Leagues	<input type="checkbox"/> Preschool Classes	<input type="checkbox"/> Special Events
<input type="checkbox"/> Child Care/School Age Child Care	<input type="checkbox"/> Prime Time/Family Fun Center	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Y Child Watch	<input type="checkbox"/> Dance/Art/Martial Arts
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Office Support/Administrative
<input type="checkbox"/> Miracle League/Inclusion	<input type="checkbox"/> LiveSTRONG	<input type="checkbox"/> Youth Mentor (must be 23 yrs old)

ADDITIONAL INFORMATION

Why do you want to volunteer at the La Crosse Area Family YMCA?

Please list all training, skills, certifications, etc. which you plan to utilize in your volunteer service.

Describe your goals for performing volunteer service with the YMCA.

How did you learn of volunteer opportunities at the YMCA? (check all that apply)

Volunteer Fair _____	Community Agency _____	Volunteer/Employee Referral _____
School/ College _____	Radio/ Newspaper _____	Other _____
YMCA Website _____		

WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer services before? Yes No If yes, when? _____

Please describe:

Have you ever been paid to work for the YMCA? Yes No If yes, when? _____

Please describe:

Are you currently employed? Yes No May we contact your current employer for reference purposes? Yes No

Employer:

Job Title:

Supervisor:

Phone Number: ()

Past Employment:

Dates of Employment:

Employer:

Job Title:

Supervisor:

Phone Number: ()

Employer:

Dates of Employment:

Supervisor:

Phone Number: ()

PROFESSIONAL/ACADEMIC REFERENCES

Name

Phone Number: ()

Email Address:

Relationship

How long known?

Name

Phone Number: ()

Email Address:

Relationship

How long known?

Name

Phone Number: ()

Email Address:

Relationship

How long known?

EMERGENCY CONTACT INFORMATION

Name

Phone Number: ()

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. I authorize the La Crosse Area Family YMCA to investigate and verify any and all information provided on this volunteer application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.
3. Regardless of whether or not I become a volunteer with the La Crosse Area Family YMCA, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the La Crosse Area Family YMCA is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the La Crosse Area Family YMCA's unless specifically provided otherwise.

Signature: _____

Signature of Parent or Guardian: (if you are under the age of 18) _____