



**Ocean Community YMCA  
Application for Volunteer Service**

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 our community.

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 are asking you to take a few minutes to fill out this application. It will help us to 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. All volunteers will be criminal background checked and reference checked. It is just one of the many ways we help protect children and other vulnerable people served by the YMCA.

Name:

\_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_yes \_\_\_\_no (If no, please have a parent or guardian sign the application on Page 4).

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Day time): \_\_\_\_\_ Evening: \_\_\_\_\_

**Interests**

How did you learn about volunteer opportunities at the YMCA? \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer?

Have you heard about any particular volunteer opportunities that interest you?

Are there any particular skills, talents, or interests you would like to share?

What other organizations have you volunteered for, if any?

Are you a member of the YMCA? Yes  No  (Membership is not required)

**Residences**

Please list your last two addresses (excluding your current address) starting with the most recent:

1. \_\_\_\_\_  
Street Address City State Zip From when to when?

2. \_\_\_\_\_  
Street Address City State Zip From when to when?

**Employment History**

Please list your last three employers, starting with the most recent:

1. \_\_\_\_\_  
Name of organization Employed from when to when?  
(include month/year)

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
State job title and describe work

\_\_\_\_\_  
Name and title of immediate supervisor

**2.** \_\_\_\_\_  
 Name of organization \_\_\_\_\_ Employed from when to when?  
 (include month/year) \_\_\_\_\_

\_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
 State job title and describe work \_\_\_\_\_

\_\_\_\_\_  
 Name and title of immediate supervisor \_\_\_\_\_

**3.** \_\_\_\_\_  
 Name of organization \_\_\_\_\_ Employed from when to when?  
 (include month/year) \_\_\_\_\_

\_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
 State job title and describe work \_\_\_\_\_

\_\_\_\_\_  
 Name and title of immediate supervisor \_\_\_\_\_

**Military History**

Have you ever served as a member of the U.S. armed forces? Yes  No

If yes, which branch of the armed forces did you serve?

Were you honorably discharged? Yes  No

If no, please explain the circumstances of your discharge:

Did you attend service school or receive special training?

**Education** Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and Location	Course of study	Start/end dates	Did you graduate?
High School				
Trade or business				
College				
Other				

Other skills (caring for children, languages, etc:

**Background**

Please list any other names you may have used in the past:

Have you ever been convicted of a criminal offense? Yes  No

If yes, please explain:

**References**

Please list three people other than relatives and employers who 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? \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_

**Your Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Parent's or guardian's signature** \_\_\_\_\_ Date \_\_\_\_\_  
**(if you are under 18 years of age)**