



VOLUNTEER APPLICATION

YMCA OF THE FOX CITIES

Thank you for considering the YMCA of the Fox Cities as a place to share your time and talents. Volunteers are vital to the Y, without them we would not be able to meet the needs of the children, families and adults.

You will find questions that include your interests, background and places of employment. 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 of the Fox Cities.

(Please Print)

Date of Application: _____ YMCA Member: _____ YES _____ NO

Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Day: () _____ Evening: () _____

Email Address: _____ Are you 18 years of age or over? _____ YES _____ NO
(If no, please have parent/guardian sign this application.)

VOLUNTEER INTEREST

Area/Program in which I wish to volunteer: _____

YMCA Location: _____ APPLETON YMCA/THOMPSON COMMUNITY CENTER _____ FOX WEST YMCA
_____ APPLE CREEK YMCA _____ HEART OF THE VALLEY YMCA
_____ CHILD LEARNING CENTER _____ MENASHA SENIOR CENTER
_____ CAMP NAN A BO SHO _____ NEENAH-MENASHA YMCA

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available Time(s):							
Available Date(s):							

Are there any particular skills, talents or interests you'd like to share? _____

VOLUNTEER RELATED REFERENCES

List three people (i.e. teacher, coach, pastor, co-worker, etc.) who you have known for at least two years to provide a reference.

Name	Day Time Telephone #	Evening Telephone #	Years Known
Name	Day Time Telephone #	Evening Telephone #	Years Known
Name	Day Time Telephone #	Evening Telephone #	Years Known

(Over)

EMPLOYMENT OR VOLUNTEER EXPERIENCE

► **Organization/Company:** _____ Phone: () _____

Employment/Volunteer Dates: From: _____ To: _____

Supervisor: _____ Title/Position: _____

Duties: _____

Reason for Leaving: _____

► **Organization/Company:** _____ Phone: () _____

Employment/Volunteer Dates: From: _____ To: _____

Supervisor: _____ Title/Position: _____

Duties: _____

Reason for Leaving: _____

EDUCATION

School: _____ Years Completed (Circle): 8 9 10 11 12

College: _____ Diploma/Degree: _____

Graduate/Professional: _____ Diploma/Degree: _____

Describe specialized training, apprenticeship, skills and honors received: _____

EMERGENCY CONTACT

Name: _____ Daytime Phone: _____

Address: _____ Evening Phone: _____

Relationship: _____

VOLUNTEER STATEMENT

I hereby affirm that the information given by me on this application for volunteering is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize investigation of all statements contained in this application. I understand this agreement and have read it carefully before signing.

Applicant Signature: _____

Date: _____

Parent Signature (if under age 18): _____

Date: _____