



VOLUNTEER

The San Luis Obispo County YMCA

Today's Date _____

Personal Information

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone () _____ Home Phone () _____

Volunteer Interests (check all that apply)

- Wellness/Fitness
- Fundraising
- Office Assistance
- Member Service
- Special Events
- Day Camp
- After School Childcare
- Youth Sports
- Kid's Gym
- Tutoring (Sport: _____)
- Other: _____
- Maintenance
- Committees

Volunteer Service Required? (Hours: _____) Court Ordered School Other _____

Are you a YMCA member? Yes No

Availability

Please indicate the days and hours you are available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Comments: _____

Current Employment

Company/ Organization _____ Position _____

Supervisor _____ Phone () _____

May we contact them? Yes No

What skills do you use in that position? _____

Previous or Current Volunteer Experience

Organization _____ Position _____

Supervisor _____ Phone () _____

Type of services provided _____

I am certified in:

- CPR & AED Type _____ Expires on _____
- First Aid Type _____ Expires on _____
- Lifeguard Type _____ Expires on _____
- Other Type _____ Expires on _____

Criminal History Background: No applicant will be denied an opportunity to volunteer solely on the grounds of conviction of a criminal offense. The nature of the offence, the date of the offence, the surrounding circumstances and the relevance of the offense to the position will be considered. All volunteers over the age of 18 who will be in contact with children will be fingerprinted and a criminal history background check will be conducted. Volunteers under the age of 18 will be required to provide the YMCA with three non-relative references.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana related offenses that are more than two years old need not be listed.)

- Yes No

If yes, please explain.

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations? Yes No

If No, please attach a description of the functions that cannot be performed. In accordance with the Americans with Disabilities Act (ADA), the YMCA seeks reasonable accommodation measures for applicants/employees to perform essential functions.

Applicant's Certification and Agreement (please initial)

_____ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.

_____ I authorize the San Luis Obispo County YMCA the right to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and otherwise verify the accuracy of the information contained in this application. I hereby release from liability the San Luis Obispo County YMCA and its representative from seeking, gathering and using such information and all other person, corporation or organization from furnishing and disclosing information.

_____ If I become a volunteer, I understand that I am free to resign at any time and my volunteer employer reserves the same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length of time hinges on the quality of the job that I do as a volunteer and the availability of opportunities.

_____ I understand and agree that as a volunteer over the age of 18 I will be fingerprinted.

Volunteer signature _____ Date _____

Parent/Guardian signature (if under 18) _____ Date _____

References

For volunteers 18 or older, please include one family member and two personal/professional references. For volunteers under the age of 18 and over the age of 16 please include three non-relative references.

Name _____ Phone () _____

Email _____ May we contact them? Yes No

How long has this person known you? _____ Relationship to you _____

Name _____ Phone () _____

Email _____ May we contact them? Yes No

How long has this person known you? _____ Relationship to you _____

Name _____ Phone () _____

Email _____ May we contact them? Yes No

How long has this person known you? _____ Relationship to you _____