



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

San Luis Obispo County YMCA Volunteer Application

Notice to all volunteers: The SLO YMCA enforces its policies and practices to prevent child abuse. All volunteers must be a minimum of 18 years of age, will be fingerprinted and a criminal history background check will be conducted (LiveScan.) Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures; we have a code of conduct and a mandatory child abuse prevention training. Acceptance of a volunteer to our Y is contingent on a clear LiveScan.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Are you a current YMCA member? Yes No

Volunteer Interests (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Wellness/Fitness | <input type="checkbox"/> Youth Sports (Please check all that apply) |
| <input type="checkbox"/> Member Service | <input type="checkbox"/> Winter |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Basket Ball |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Committees | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Office Assistance | <input type="checkbox"/> T-Ball |
| <input type="checkbox"/> After-School Child Care | <input type="checkbox"/> Futsal |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Summer |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Kids Gym | <input type="checkbox"/> Soccer (South County) |
| | <input type="checkbox"/> Fall |
| | <input type="checkbox"/> Hockey |

Other interests: _____

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Notes: _____

Current Employment

Company/Organization: _____

Position: _____

Skills used in position: _____

Supervisor: _____

May we contact them? Yes No

Previous or Current Volunteer Experience

Company/Organization: _____

Position: _____

Skills used in position: _____

Supervisor: _____

May we contact them? Yes No

Certifications

- CPR, First Aid, CPR, & AED
 - Type: _____
 - Expiration: _____

- Lifeguarding
 - Type: _____
 - Expiration: _____

- Other
 - Type: _____
 - Expiration: _____

ADA Accommodations

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodations?

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

References

Please include at least one family member and two personal/professional references.

Name: _____
Phone: (____) _____ Can we contact them? Yes No
Relationship: _____
How long has this person known you?: _____

Name: _____
Phone: (____) _____ Can we contact them? Yes No
Relationship: _____
How long has this person known you?: _____

Name: _____
Phone: (____) _____ Can we contact them? Yes No
Relationship: _____
How long has this person known you?: _____

Name: _____
Phone: (____) _____ Can we contact them? Yes No
Relationship: _____
How long has this person known you?: _____

Volunteer Applicant's Certification and Agreement (please initial each line and Sign and date the bottom)

_____ I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge, 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 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 representatives 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 the San Luis Obispo County YMCA reserves gthe same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for 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, I will be fingerprinted.

_____ I understand and agree that no goods (including pay) or services are exchanged for volunteering.

Volunteer Signature

Date