



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Volunteer Application**

**Branch** \_\_\_\_\_ **Date** \_\_\_\_\_

As an Equal Opportunity Employer, we do not discriminate in hiring or terms and conditions of volunteering because of an individual's race, creed, color, sex, age, national origin, sexual orientation, ancestry, marital status, veteran status, religion or disability. Application should be printed in ink.

**Personal**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Preferred Telephone \_\_\_\_\_ Preferred E-mail \_\_\_\_\_

Are you applying for Court Ordered Community Service?  Yes  No

In case of emergency, who should we notify?

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Recent/Current Employment Position \_\_\_\_\_ Employer \_\_\_\_\_

Major Functions Performed \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_

Have you previously volunteered for the YMCA of Greater St. Louis?  Yes  No

Have you been employed by the YMCA of Greater St. Louis?  Yes  No

If yes, please state branch, position held, dates, reason for leaving, and full name used while employed or volunteering. \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

Special skills or interests you wish to share? \_\_\_\_\_

Youth  Student Service Hours or  Intern\*

Please provide date of birth: \_\_\_/\_\_\_/\_\_\_ (mo/day/year). If service hours are required for school, a principal, administrator or advisor must sign and approve this form.

School \_\_\_\_\_ # of Service Hours Required \_\_\_\_\_ Completed by \_\_\_\_\_

I, \_\_\_\_\_ verify that the above student is in good standing at my school or program and is approved to volunteer for the YMCA of Greater St. Louis.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_

\* Unpaid Internships are available for University/College Credit. A supplemental YMCA Internship form is required and available at [www.ymcastlouis.org/jobs](http://www.ymcastlouis.org/jobs)

Choose the areas that most interest you:  Special Events  Fundraising  Aquatics  
 Youth/Child Watch  Youth Sports  Teens  Health & Wellness  Membership  
 Office Support  Properties/Beautification  Arts & Crafts  Special Interest Classes  
 YMCA Literacy Programs or Other \_\_\_\_\_

Days available to volunteer:

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Available times: \_\_\_\_\_

## Education & Certification

Currently attending school?  Yes  No If yes, Where? \_\_\_\_\_

Educational Level Completed: \_\_\_\_\_

Talents, Hobbies or Special Certifications you would like to share: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Previous Volunteer Experience

Volunteer Position: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Major Functions Performed: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

List references whom we may contact, non-relatives only.

Name	Address	Occupation	Phone No.
1)			
2)			
3)			

## Applicant Acknowledgement

I agree to serve the YMCA of Greater St. Louis, my fellow volunteers and the members to the best of my ability. I will conduct myself with honor and respect in accordance to the YMCA mission. I will seek clarity and understanding and take responsibility for my performance, appearance, punctuality, and demeanor. I hereby represent that each answer to each questions incorporated in this application and all other information to be true and correct. I further represent that such answers and information constitute a fill and complete disclosure of my knowledge with respect to the questions or subject to the answer of information relates. I understand that any incorrect, incomplete, false or misleading statement/answer/information furnished by me either verbally or in writing will subject my application to disqualification from further consideration. I have read and understand all of the provisions in this acknowledgement. By signing this application, I hold the YMCA of Greater St. Louis harmless for any result of the reference check. I hereby authorize and release from liability all other former employers, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record, credit history, driver's license violations and motor vehicle records, that may be in their possession to the YMCA of Greater St. Louis and or its agents.

I grant the YMCA of Greater St. Louis, its agents and the news media the right to photograph me and to use the photographs for news, publicity, websites, marketing and social media purposes. I also grant the YMCA, its agents and the news media the right to record my voice, note or publish my comments for promotional purposes or on television, newspaper, magazine, website, social media or radio stories. I warrant the rights granted herein do not conflict with any existing commitments on my part.

\_\_\_\_\_  
 Volunteer Applicant Signature

\_\_\_\_\_  
 Date