



RARITAN VALLEY YMCA  
VOLUNTEER STAFF APPLICATION

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 children, families, and adults who live in the East Brunswick area.

At the YMCA we know that your time and talents 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 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. We hope that you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the ways we help protect the children and other vulnerable people served by the YMCA.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact Leon Pogach, our Senior Program Director at (732) 257-4114 ext. 110.

**Personal Information**

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

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

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: ( ) Male ( ) Female

Are you over 18 years of age? ( ) Yes ( ) No

(if no, please have a parent or guardian sign the application)

Are you currently a member of the YMCA? ( ) Yes ( ) No

List any physical or medical condition that might limit your participation: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Emergency Information**

Emergency Contact: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Interests**

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

Why Would you like to volunteer? \_\_\_\_\_

In which groups are you interested in volunteering? \_\_\_\_\_

Age group you would prefer to work with? \_\_\_\_\_

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

Swimming Ability: \_\_\_\_\_

Certification and Expiration: First Aid \_\_\_\_\_ CPR \_\_\_\_\_  
Lifesaving \_\_\_\_\_ WSI \_\_\_\_\_

Describe previous participation in YMCA programs: \_\_\_\_\_

Describe past or present volunteer activities: \_\_\_\_\_

List hobbies/special interests: \_\_\_\_\_

Days and times which are best for you (list in one hour blocks) \_\_\_\_\_

What days/times are not good for you? \_\_\_\_\_

How long do you anticipate your available time remaining the same? \_\_\_\_\_

How long do you anticipate being able to volunteer with the YMCA? \_\_\_\_\_

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

	Name & Location	Course of Study	Dates	Did you graduate?	Degree/Diploma
High School					
Trade or Business					
College					
Other					

**Other Skills** (caring for children, languages, etc...) \_\_\_\_\_

**Background**

Please list any other names that you have used in the past. \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a CDL? ( ) Yes ( ) No

Have you ever been charged with child abuse or a sex related crime? ( ) Yes ( ) No

If yes please explain. \_\_\_\_\_

Please list your addresses dating back ten years.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Employment History**

1. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Type of work \_\_\_\_\_

Name and title of Immediate Supervisor \_\_\_\_\_

2. \_\_\_\_\_

Name of Employer	Dates Employed
Address	Phone Number
Job Title	Type of work
Name and title of Immediate Supervisor	

3. \_\_\_\_\_

Name of Employer	Dates Employed
Address	Phone Number
Job Title	Type of work
Name and title of Immediate Supervisor	

**Military History**

Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_ Final Rank \_\_\_\_\_  
 Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 Did you attend service school or receive special training? \_\_\_\_\_

**References**

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 How long have you known this reference? \_\_\_\_\_

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

All my answers are true and complete to the best of my knowledge. I understand that untruthful or misleading statements are cause for possible termination from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (if under 18 years old)