



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 kids, families, and adults who live in our greater St. Joseph Community.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're 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 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. I understand by signing the application below that I authorize the YMCA to do any and all background checks necessary. It's just one of the many ways we help protect 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 our Director of Operations at 816 233- YMCA (9622).

Today's Date _____ (Month/Day/Year)

Mr. Mrs. Miss Ms. Rev. Dr. Other

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

How long have you been at this address? _____

Social Security Number _____ - _____ - _____

Are you 18 years of age or over?

Yes No (If no, please have your parent or guardian sign the application, too.)

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

INTERESTS

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

Would you like to talk to someone further about what kinds of volunteer opportunities might match your skills, talents, and interests? _____

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

What other organizations have you volunteered for, if any? _____

Are you a member of the YMCA? _____

(Membership is not required for all volunteer positions)

Residences

Please list your last two addresses (excluding your current address) starting with the most recent:

1. Address _____

City _____ State _____ Zip _____

From when to when? _____ (include month and year)

2. Address _____

City _____ State _____ Zip _____

From when to when? _____ (include month and year)

Employment History

Please list your last three employers, starting with the most recent:

1. _____

Name of organization

Employed from when to when? _____ (include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

2. _____

Name of organization

Employed from when to when? _____ (include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

3. _____
Name of organization

Employed from when to when? _____ (*include month and year*)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

Military History

Date of entry _____ Date of discharge _____

Branch of service _____ Type of discharge _____

Final rank _____

Did you attend service school or receive special training? _____

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

	Name and Location	Course of Study	Start and End Dates	Did You Graduate?	Degree or Diploma
High School					
Trade or Business					
College					
Other					

Other skills (caring for children, languages, etc.) _____

Background

Please list here any other names you may have used in the past: _____

Driver's license number _____ Driver's license classification _____

Have you ever been convicted of a criminal offense? Yes No If so, what was it? _____

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.

Please list your three references below:

1. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

2. Name _____
Address _____

Telephone _____ Relationship to you _____
How long have you known this reference? _____

3. Name _____
Address _____

Telephone _____ Relationship to you _____
How long have you known this reference? _____

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

Your signature _____

Date _____

Parent's or guardian's signature _____
(if you're under 18)

Date _____

Please mail or drop off your application to:

Director of Operations
St. Joseph Family YMCA
315 South 6th Street
St. Joseph, Missouri 64501