



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Thank you for considering the **YMCA of St. Joseph, Missouri** as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the St. Joseph area.

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, and places of employment. We hope you'll understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make 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 many ways we help protect children and other vulnerable people served by the **YMCA of St. Joseph, Missouri**.

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact **Julie Thompson, Business Systems Assistant, (816) 671-9622, [jthompson@stjoymca.org](mailto:jthompson@stjoymca.org)**

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? \_\_\_\_\_

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

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Have you heard about any particular volunteer opportunities that interest you? \_\_\_\_\_

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

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

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What other organizations have you volunteered for, if any? \_\_\_\_\_

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Are you a member of the YMCA? \_\_\_\_\_

(Membership is not required)

**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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **YMCA of St. Joseph, Missouri** conducts background checks on volunteers.

**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 last three employers, starting with the most recent:

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 \_\_\_\_\_