



HOPEWELL VALLEY YMCA

VOLUNTEER APPLICATION

DATE: _____

PERSONAL INFORMATION

Name _____

Address _____ Cell Phone No. _____

Email Address: _____

Are you at least 18 years of age? Yes No

Are you related to or reside with anyone in our employ? Yes No

If so, give name and department _____

VOLUNTEER OPPORTUNITY DESIRED

Position _____ Date Available _____

Have you ever volunteered or worked at a YMCA? Yes No

When _____ Where _____ Position _____

Have you ever been convicted of a felony? * Yes No

If yes, under what name were you convicted, what was the nature of the offence, when, where and disposition?

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted applicable by law.

RELEVANT EXPERIENCE and Training

Relevant skills, experience, or training	
Professional Certifications	Expiration date: CPR _____ FIRST AID _____ LIFEGUARD _____ OTHER _____

EQUAL OPPORTUNITY

The Hopewell Valley YMCA considers all applicants for employment without regard to race, color, religion, sex, national origin, age, physical or mental disability, or status as Vietnam-era or special disabled veteran or other protected classification and in accordance with applicable laws.

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? _____

Background

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

The HOPEWELL VALLEY YMCA conducts background checks on volunteers.

References

Please list three people (at least one relative) 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 reference, 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 _____



HOPEWELL VALLEY YMCA

AUTHORIZATIONS:

I understand and agree that any volunteer opportunity I might obtain with the YMCA shall be on an "at-will" basis, meaning that either I or the YMCA may terminate the volunteer relationship at anytime, for any reason or no reason, and with or without notice, without incurring any obligation or liability, that this agreement supersedes any and all prior agreements or representations made between me and the YMCA, and this agreement may only be modified in writing and signed by the CEO and that specifically refers to this Agreement. I further state that all of the information contained in this application is true and correct, and expressly authorize the investigation of statements or answers to questions contained in this application. I understand and agree that any misrepresentation or omission of facts in this application shall be grounds for rejecting the application or, if discovered after hiring, may result in immediate dismissal. I understand that any offer of employment is conditioned upon my successful completion of a pre-employment drug test. I will further submit state criminal and child abuse records as required.

Applicant Signature _____ **Date** _____

My son/daughter has my permission to participate as a Volunteer for Hopewell Valley YMCA. I will make sure my son/daughter fulfills his/her commitment. I hereby give approval for the applicant's participation in any and all HVYMCA program activities, registered, and hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the organization of the HVYMCA programs for his/her claims arising out of injury to the named applicant or any member of his/her family who may be participating as a spectator. By enrolling, I grant full and irrevocable consent to release any photographs taken during the program to the Hopewell Valley YMCA. I give permission to the Hopewell Valley YMCA to use photographs of myself and / or my child for historical archives, educational, and promotional purposes. These materials may be used for immediate or future use. I understand that there is no remuneration and that the pictures may not be used for commercial purpose.

Parent/Guardian Signature _____ **Date** _____
(If under 18, parent signature is required)

Our Mission:

The Hopewell Valley YMCA is a charitable organization dedicated to building a healthy spirit, mind and body through programs which promote good health, strong families, youth leadership and community development. YMCA's are open to men, women and children of all ages, abilities, races and religions.

Our Values:

We value the principles of the YMCA's Christian heritage in programs that nurture children, strengthen families, build strong communities and develop healthy spirits, minds, and bodies for all.

- Caring:** To be sensitive, understanding and responsive to the well-being of self and others.
- Honesty:** To be truthful, trustworthy, sincere and fair in word and action.
- Respect:** To value the worth of person and property. Treating others as you would have them treat you.
- Responsibility:** To recognize, accept and fulfill the obligation to contribute to a better society.