



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

SIDNEY-SHELBY COUNTY YMCA
Volunteer Information Record

APPLICANT INFORMATION

Name: (Last, MI, First)		
Date :	Are you at least 18 years of age?	Yes_____ No_____
Home address:		
City:	State:	ZIP Code:
Daytime Phone:	Evening Phone:	
How long at this address?		
If less than one year, please list previous address:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

EMERGENCY CONTACT

Name:		
Address:		
City:	State:	ZIP Code:
Daytime Phone:	Evening Phone:	

PERSONAL INFORMATION

Why would you like to volunteer?
What volunteer experiences have you had?
Do you speak / understand a foreign language? If so, what language(s)?
What particular skills, talents and interests would you like to share?

REFERENCES

Please list two people <i>other than relatives</i> whom you have known for at least 2 years.		
Name:		
Address:	Phone:	
How do you know each other?		
Name:		
Address:	Phone:	
How do you know each other?		

APPLICATION INFORMATION CONTINUED

RELEASE OF INFORMATION

In the Sidney-Shelby County YMCA's effort to attract the highest quality volunteer staff, the YMCA staff reserves the right to make extensive inquiry concerning applicant's employment, character, driving record, license status, and background information related to child abuse, when applicable. Potential volunteers are asked to provide the following information for confidential use by the YMCA. At any time, the volunteer might be required to provide a set of fingerprints and a criminal records check may be conducted on the volunteer.

Name previously used/Name before marriage:

Date of Birth:	Sex:
----------------	------

SSN:

Driver's License #:	State:
---------------------	--------

Have you ever been convicted of a criminal offense?

If yes, please explain:

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and such service would be solely "at will", giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application.

Signature of Applicant:	Date:
-------------------------	-------

Signature of Parent or Guardian if applicant is under 18:	Date:
--	-------

DISCLAIMER

By signing this form (above) you give permission for the Sidney-Shelby County YMCA to perform a sex offender screening for the safety and security of the children involved in the program, per Safe Sport™ and Y-USA Nationwide Membership guidelines.

Please return this application to:
 Jamie Crippin
 Membership Engagement Director
 Sidney-Shelby County YMCA
 300 E. Parkwood St.
 Sidney, OH 45365
 (937) 492-9134 FAX: (937) 492-4705
 Email: jcrippin@sidney-ymca.org

VOLUNTEER INTEREST SURVEY

Name:

Phone:

When would you be available to volunteer?

Mornings <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Evenings <input type="checkbox"/>
Weekdays:	M T W TH F	
Weekends:	Sat	Sun

PLEASE INDICATE AREAS OF INTEREST

<input type="checkbox"/> Aquatics	Guard helper, open swim helper, "Deck Mom", locker room attendant for school swims, swim instructor aide, clerical, maintenance helper
<input type="checkbox"/> Child Care	Kitchen aide, baker, shopper, baby rocker, tutor (school age), driver, teacher aide, Adopt-a-Grandparent
<input type="checkbox"/> General	Building supervisor assistant, birthday party coordinator/hostess, Fun Center supervisor, babysitter, bulletin boards/flyers/posters
<input type="checkbox"/> Health Enhancement	Fitness Ambassador, special events (5K race, etc), maintenance cleaner/helper
<input type="checkbox"/> Kinetics	Instructors, equipment assistants, logistics assistants, clerical maintenance/care, general cleaning
<input type="checkbox"/> Office	Clerical support
<input type="checkbox"/> Youth Sports	Coaches, timekeepers/scorekeepers, referees, assistants, Leaders Club, telephone support
<input type="checkbox"/> Community Partners Campaign	Help share the mission of the YMCA with potential donors (training provided)
<input type="checkbox"/> Other:	