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 ***other than relatives*** 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:

Rose Schutte
Program Director
Sidney-Shelby County YMCA
300 E. Parkwood St.
Sidney, OH 45365
(937) 492-9134 FAX: (937) 492-4705
Email: rschutte@sidney-ymca.org

VOLUNTEER INTEREST SURVEY		
Name: Phone: When would you be available to volunteer?		
Mornings ☐	Afternoons ☐	Evenings ☐
Weekdays:	M T W TH F	
Weekends:	Sat	Sun
PLEASE INDICATE AREAS OF INTEREST		
☐ **Aquatics**	Guard helper, open swim helper, "Deck Mom", locker room attendant for school swims, swim instructor aide, clerical, maintenance helper	
☐ **Child Care**	Kitchen aide, baker, shopper, baby rocker, tutor (school age), driver, teacher aide, Adopt-a-Grandparent	
☐ **General**	Building supervisor assistant, birthday party coordinator/hostess, Fun Center supervisor, babysitter, bulletin boards/flyers/posters	
☐ **Health Enhancement**	Fitness Ambassador, special events (5K race, etc), maintenance cleaner/helper	
☐ **Kinetics**	Instructors, equipment assistants, logistics assistants, clerical maintenance/care, general cleaning	
☐ **Office**	Clerical support	
☐ **Youth Sports**	Coaches, timekeepers/scorekeepers, referees, assistants, Leaders Club, telephone support	
☐ **Community Partners Campaign**	Help share the mission of the YMCA with potential donors (training provided)	
☐ **Other:**		