



Today's Date

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 the Greater Scranton 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, 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. 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 (name, title, and phone number of person).

(Month/Day/Year)

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□ Mr.	□ Mrs. □ Mis	s 🗆 Ms.	□ Rev.	□ Dr.	□ Other		
Name _							
	(Last)			(Fire	st)		(Middle)
Address	s						
City					_ State	Zip	
Phone:	ne: Day Evening						
How lor	ng have you been	at this add	ress?				
Social S	Security Number .				,		
•	ı 18 years of age □ No (If no, ple		our parent	or guard	dian sign the a	application, too.)	
Emerg	ency Contact						
Name _							
	(Last)			(Firs	st)		(Middle)
Address	S						
City					_ State	Zip	
Phone:	Day			Ev	ening		

## **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)

## Residences

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

State	Zip
lude month and year)	
State	Zip
(incl	lude month and year)
with the most recent:	
	(include month and year)
State	Zip
	(include month and year)
State	Zip
	State State (incomplete in the most recent:

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				
Mi	litary History				
Date of entry		Date of discharge			
Branch of service		Type of discharge			
Fir	nal rank				
Di	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 (carin	ng for children, lar	nguages, etc.)			
<b>Background</b> Please list here any	other names you	ı may have used i	n the past:		
Driver's license nui	mber		Driv	er's license classi	fication
Have you ever bee	n convicted of a c	riminal offense?	Yes No If s	o, what was it?	
References Please list three pe who know you well Please list your las	enough to provid	le us with a refere	ence.	e known for at lea	st two years and
1. Name					
Telephone		Rel	ationship to you _		
How long have	you known this re	ference			

2. Name	
Address	
Telephone	Relationship to you
How long hav	e you known this reference
now long hav	e you known this reference
3. Name	
Address	
	Relationship to you
How long hav	e you known this reference
Please list the na their relationship	imes of relatives, friends, or acquaintances employed by the YMCA and to you.
Your signature	
Date	
Parent's or qua	rdian's signature
-	rdian's signature(if you're under 18)
Date	