



VOLUNTEER APPLICATION

Thank you for your willingness to share your time and talents to benefit the Darien YMCA. Your commitment to volunteering is important to the success of our programs.

We take protecting the children in our program very seriously here at the Darien YMCA. Before you can begin volunteering, we will conduct a criminal background check on all candidates and all volunteers are required to complete on-line trainings. We also would like you to be aware that there are no membership or program discounts associated with volunteering at the Y.

If you have any questions, please contact your direct supervisor.

Name _____ DOB _____

Street Address: _____ City _____ State ____ Zip _____

Phone: Day _____ Evening _____

Email Address _____

Emergency Contact Name _____ Phone _____

Have you ever previously worked for this YMCA or any other YMCA? ___ Yes ___ No

If yes, when? Which YMCA? What Capacity? _____

For what position are you applying? _____

What interests you about the position for which you are applying? _____

What has prepared you for the position for which you are applying? _____

Please share any previous volunteer experience you have: _____

EDUCATION AND TRAINING

	Name & Location	Dates	Program Completed?	Degree or Diploma
Elementary/ Jr High				
High School				
College				
Higher Education				
Trade/ Business				

EMPLOYMENT HISTORY

DATES OF EMPLOYMENT	COMPANY NAME & ADDRESS	SUPERVISOR NAME, PHONE # & EMAIL	POSITION HELD	REASON FOR LEAVING POSITION

List two personal references other than relatives and employers

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____

CERTIFICATIONS

TYPE (CPR, First Aid, CDA, etc)	LEVEL	EXPIRATION DATE

Additional Information

Is there anything else you would like to share with us at this time? _____

The information provided in this Volunteer Application is true, correct and complete.

- I understand that any misstatement or omission of fact on this application may result in my dismissal or refusal of a volunteer position. I understand that volunteer work can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself.
- If offered a volunteer position, I agree to uphold the values and mission of the Darien YMCA.
- I grant permission to the Darien YMCA to take my photograph during YMCA programs and to use for program publicity.

Applicant Signature

_____ Date _____

Parent/ Guardian Signature (if applicant is under 18 years of age)

_____ Date _____