



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF AUBURN-LEWISTON VOLUNTEER APPLICATION

Thank you for considering the YMCA of Auburn-Lewiston 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 Androscoggin County

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. **The YMCA has a "ZERO TOLERANCE" for child abuse and enforces its policies and practices to prevent abuse from happening.** Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be investigated and reported to the proper authorities. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open-door policy for parents, and a code of conduct for staff and volunteers. We also screen very carefully to prevent abusers from gaining access to children, and staff and volunteers are trained in child abuse prevention and appropriate touch.

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).

Today's Date _____ (Month/Day/Year)

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

How long have you been at this address? _____

Are you 18 years of age or over?

Yes No (If no, please have your parent or guardian sign the application, too.)

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

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:

1. Address _____
City _____ State _____ Zip _____
From when to when? _____ (include month and year)

2. Address _____
City _____ State _____ Zip _____
From when to when? _____ (include month and year)

Employment History

Please list your last three employers, starting with the most recent:

1. _____
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 _____

2. _____
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 _____

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 _____

Military History

Date of entry _____ Date of discharge _____
Branch of service _____ Type of discharge _____
Final rank _____
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 (caring for children, languages, etc.) _____

Background

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

Have you ever plead guilty or no-contest to or been convicted of a felony or misdemeanor or sex-related offense? Yes No If so, what was it? _____

References

Please list three references (one must be a family member) whom you have known for at least two years and who know you well enough to provide us with a reference.

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 _____

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

Your signature _____

Date _____

Parent's or guardian's signature _____
(if you're under 18)

Date _____