



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Family YMCA of the Desert Volunteer Application

Thank you for considering the Family YMCA of the Desert as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we would not be able to meet the needs of the kids, families, and adults who live in the Coachella Valley.

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 is why we are 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, and places of employment. We hope you will understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make 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 is just one of the many ways we help protect children and other vulnerable people served by the Family YMCA of the Desert.

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact Member Services at 760-341-9622.

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

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Email address: _____

Are you 18 years of age or over? (You must be at least 14 to volunteer at the YMCA)

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? _____

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)

From when to when? _____ (include month and year)

AREAS OF INTEREST

_____ Youth Sports/Coaching

_____ Day Camps

_____ Marketing

_____ After School Child Care

_____ Fitness

_____ Fundraising

_____ Resident Camp

_____ Clerical

_____ Special Events

_____ Photography

Other _____

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)
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)
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)
City _____ State _____ Zip _____
Phone _____
State job title and describe your work _____

Name and title of immediate supervisor _____

EDUCATION

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

The **Family YMCA of the Desert** conducts background checks on volunteers.

References

The reference check is conducted through a third-party vendor and will require at least two or more responses.

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

Can you perform the essential functions of the job for which you are applying to volunteer, with or without reasonable accommodation? (we comply with the ADA and consider reasonable accommodation ensures that may be necessary for qualified applicants/volunteers to perform essential job functions). Yes No

Applicant signature

Date

Parent/Guardian signature (if applicable)

Date

Print Parent/Guardian Name

Relationship to applicant