

YMentoring

We build strong kids, strong families, strong communities.

YMCA OF ORANGE COUNTY APPLICATION FOR VOLUNTEER SERVICES

Date: _____ Position Desired: **Community Mentor** Branch: **Community Services YMCA**

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name

Last First Middle

Residence

Street City State Zip

Telephone Number(s): Home _____ Cell/Work _____

Are you 18 years or older? Yes _____ No _____

Date of Birth: _____ Social Security Number: _____

Email address: _____

Occupation: _____

Employer Name

Supervisor Name

Phone Number

Describe your formal/informal training and experience pertinent to volunteer position desired.

What do you hope to gain from volunteering? _____

Other organizations you have volunteered with? _____

Supervisor: _____ Phone #: _____

When are you willing to volunteer? (Please indicate at least one hour per week by writing in specific time)

	MON	TUES	WED	THURS	FRI	SAT
TIME						



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TO BE COMPLETED BY ALL APPLICANTS

Have you ever been convicted of any criminal offense other than the following:

Minor traffic violations fine \$500.00 or less; **or** offenses settled in juvenile court or under welfare youth offender law. Yes No

If yes, please explain: _____

CERTIFICATIONS

Are you certified in:

a) First Aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) CPR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Pediatric CPR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Lifeguard	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FOR JOBS REQUIRING DRIVING ONLY

1. Do you have a valid driver's license? Yes No

Driver's License #: _____

2. Do you have a valid Class 11/B license? Yes No

3. Do you possess a youth bus/school bus driver's certificate? Yes No

IN COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION FHWA, THE YMCA WILL CONDUCT PRE-AGREEMENT DRUG TESTING AND RANDOM DRUG AND ALCOHOL TESTING OF BUS DRIVERS.

REFERENCES (include 1 relative)

Minimum 2 reference checks conducted. Reference must include immediate employer and/or any volunteer/employment involving supervision of children.

Name	Occupation	Work Phone	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION

Name and phone number of person to be notified in case of accident or emergency.

Name	Relationship	Work Phone	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Date

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THE YMCA's POSITION ON THE NATION-WIDE PROBLEM OF CHILD ABUSE

We make an active effort to prevent child abuse, which may include but is not limited to the following: a background check and references from past employers and volunteer organizations.

When practical, staff/volunteers should not put themselves in a position where they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to the police and state agencies for investigation.

The YMCA goals for children are:

1. To help children develop to their fullest potential.
2. To deliver programs in a positive YMCA environment of safety, support and care.
3. To support and strengthen the family unit.

ADDITIONAL VOLUNTEER CODE OF ETHICS AND RULES

I have been informed of the YMCA's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement titled "The YMCA's Position on the Nation-Wide Problem of Child Abuse". I understand that in addition to the mandates described in this Volunteer Code of Ethics and Rules, the YMCA will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent under the laws of this State.

I understand that any violation of this Code may be grounds for removal as a volunteer. Being fully aware of the matters contained in the Volunteer Code of Ethics and Rules, I still desire consideration as a volunteer for the YMCA.

AFFIRMATION

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge; and that my service is subject to government regulations, YMCA's review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Volunteer Name

Volunteer Signature

Date

FOR OFFICE USE ONLY:

Branch: YMCA Community Services

Program/Department/Camp: Mentoring Division

Program Director: Kaya Johnson

Desired position: Youth Achievers Mentor
 Two by Two Two for You
 Academic Mentor Funday Volunteer

Start Date: _____ / _____ /2008

End Date: _____ / _____ /2008



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