



We build strong kids, strong families, strong communities.

YMCA OF ORANGE COUNTY
APPLICATION FOR VOLUNTEER SERVICES

Date: _____

Branch: YMCA Community Services

Please check desired position:

- Two by Two, Two for You, Academic Mentor, FunDay Volunteer

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.

Name: Last First Middle

Residence: Street City State Zip

Telephone Number(s): Home () - Cell () - Work () - Fax () -

Email address: _____

Are you 18 years or older? Yes No

Date of Birth: Social Security Number: _____

Occupation: Employer Name Address Supervisor Name Phone Number

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

What do you hope to gain from volunteering?

Have you volunteered with any other organization(s)? Yes No

Name of Organization Name of Supervisor Phone Number

Name of Organization Name of Supervisor Phone Number



We build strong kids, strong families, strong communities.

When are you willing to volunteer? (Please indicate by writing in specific times)

	SUN	MON	TUES	WED	THURS	FRI	SAT
TIME							

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
b) CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
c) Pediatric CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____
d) Lifeguard	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date: _____

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 (please include one 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
Name	Occupation	Work Phone	Home Phone
Name	Occupation	Work Phone	Home Phone

EMERGENCY INFORMATION

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

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

Signature of Applicant _____

Date _____



YMCA OF ORANGE COUNTY

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.

Name of Applicant

Signature of Applicant

Date

FOR OFFICE USE ONLY:		Branch: <u>Community Services</u>	
Program/Department: <u>Mentoring Division</u>		Program Director: <u>Kaya Johnson</u>	
Desired position:	<input type="checkbox"/> Two by Two <input type="checkbox"/> Two for You	<input type="checkbox"/> Academic Mentor	<input type="checkbox"/> FunDay Volunteer
Start Date:	<u> / / </u>	End Date:	<u> / / </u>