

# YMCA of the Triangle Area, Inc.

Program Volunteer Application

## YMCA Mission Statement

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

## Overall YMCA Volunteer Guidelines

- Uphold volunteerism as an effective way to meet the needs of youth and adults
- Accept supervision and support from your YMCA staff supervisor while involved in the program
- Represent your volunteer responsibilities with dignity and pride by being positive mentors for the youth and adults with whom you work
- Be a positive role model by conducting yourself in a courteous and respectful manner, exhibiting good sportsmanship
- Respect, adhere to, and enforce the rules, policies, and guidelines established by The YMCA of the Triangle Area, Inc.
- Perform duties in a responsible and timely manner as outlined in the position description
- Attend required training necessary for your volunteer position

## Program Volunteer Opportunities

### Sports

Officiating  
Scorekeeping  
**\*\*Coaching** – see Youth  
Sports Coach Volunteer  
application packet

### Youth and Teens

Program counselor  
Homework counselor  
Tutoring  
Driver – bus or mini-bus

### Membership

Service desk  
Greeter  
Tours  
Member check-in

### Aquatics

Swim team  
Swim lessons

### Fitness

Group exercise (land and  
water)

### Office Administration

General business functions

### Special Events

Birthday party host

### Nursery/Preschool

Program counselor

**Complete and return this volunteer application to the Front Desk**

**YVOLUNTEERS**<sup>TM</sup>  
We build strong kids, strong families, strong communities.

*Volunteers are considered without regard to race, religion, gender, national origin, age, color, or disability. In order that your application may be properly evaluated, it is essential that all of the following questions be answered completely, carefully, and honestly.*

Volunteer position applied for: \_\_\_\_\_

Date of application: \_\_\_\_\_

Branch/Location  
: \_\_\_\_\_

Date available to begin: \_\_\_\_\_

**Days available to volunteer:**

Day(s) of the week	Time(s)
Sunday	_____
Monday	_____
Tuesday	_____
Wednesday	_____

Day(s) of the week	Time(s)
Thursday	_____
Friday	_____
Saturday	_____

**Personal Information** (please print)

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Street City State ZIP

Mailing Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_ Mobile/Beeper/Other Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

If necessary: Best time to call you \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. Best day of the week to call \_\_\_\_\_

Are you 16 years of age or older  Yes  No

Are you currently, or have you ever been an employee and/or volunteer of this YMCA?  Yes  No

Branch \_\_\_\_\_

Supervisor \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you had any criminal convictions for child abuse or sex-related crimes:  Yes  No

If yes, please explain: \_\_\_\_\_

## Employment Information

Current Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Position \_\_\_\_\_ Department \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Date hired (month and year) \_\_\_\_\_ / \_\_\_\_\_

(Only if current employment is less than 6 months)

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_ -- \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Position \_\_\_\_\_ Department \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Date hired (month and year) \_\_\_\_\_ / \_\_\_\_\_ Date left (month and year) \_\_\_\_\_ / \_\_\_\_\_

Reason for leaving \_\_\_\_\_

### Please read this statement carefully and answer the following questions:

The YMCAs objective is to be a strong, positive influence on all who are developing their personal habits and values. A volunteer's example is most important in achieving this goal.

Accordingly, you understand and are committed to abide by the YMCAs expectations for staff members and volunteers: to refrain from the use of illegal drugs at any time (to refrain from alcohol if you are under the age of 21, to refrain from alcohol while working as a YMCA volunteer, as well as to be responsible in the use of alcohol at all times and to refrain from the use of tobacco products if you are under the age of 18); to restrict tobacco usage to "time off"; and maintain good personal habits of conduct, grooming, and hygiene.

In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program should a staff member/volunteer be alone with a single child where others cannot observe them.

Do you agree with the statements above?  Yes  No

Please read the YMCA Mission Statement:

*To put Christian principles into practice through programs that build healthy spirit, mind and body for all.*

Are your values in agreement with this statement?  Yes  No

If selected as a volunteer, would you agree to sign the Volunteer Code of Conduct?  Yes  No

If selected as a volunteer, would you agree to a criminal background check?  Yes  No

**Volunteer Experience**

Position \_\_\_\_\_  
Position \_\_\_\_\_  
Position \_\_\_\_\_

Organization \_\_\_\_\_  
Organization \_\_\_\_\_  
Organization \_\_\_\_\_

**Do you presently have:**

Certification	Specific Type	Expiration Date
_____ Valid NC Drivers License	_____	____/____/____
_____ Swimming Instructor	_____	____/____/____
_____ Lifeguard	_____	____/____/____
_____ CPR	_____	____/____/____
_____ First Aid	_____	____/____/____
_____ Pool Operator	_____	____/____/____
_____ Fitness	_____	____/____/____

\_\_\_\_\_ List any training/classes you have attended that deal with children and/or adults

**References**

List name and telephone number of two (2) business/personal references that are not related to you **UNLESS the position requires working with children, then one reference must be an immediate family member**

Business/Personal

Name \_\_\_\_\_

Home ( ) \_\_\_\_\_ -- \_\_\_\_\_

Work ( ) \_\_\_\_\_ -- \_\_\_\_\_

How do you know this person \_\_\_\_\_

Years known \_\_\_\_\_

Name \_\_\_\_\_

Home ( ) \_\_\_\_\_ -- \_\_\_\_\_

Work ( ) \_\_\_\_\_ -- \_\_\_\_\_

How do you know this person \_\_\_\_\_

Years known \_\_\_\_\_

**Applicant Agreement**

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance into the volunteer program with the YMCA of the Triangle Area is contingent upon satisfactory pre-placement procedures which include, but may not be limited to, an interview, verification of references, criminal background check, and training.
- I realize that misrepresentation of facts will be cause for rejection of this application. In the event of placement in the volunteer program, falsification of any information on this application will be cause for dismissal.
- I authorize the YMCA of the Triangle Area to verify the information provided on this application and to conduct a criminal background check. I will hold no person liable for giving or receiving information regarding this application.
- I agree to abide by the policies of the YMCA of the Triangle Area, Inc.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

(If applicant is less than 18 years of age)