



# CROSSROADS YMCA, INC. Volunteer Application

DATE: \_\_\_\_\_

Branch:  Griffith  Hammond  Southlake  Whiting

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Are you under 21 years of age?  Yes  No

Have you ever pled "guilty," "no contest," or been convicted of a crime (misdemeanor or felony)?

Yes  No if yes, give dates and details: \_\_\_\_\_

*Answering "yes" to these questions does not constitute an automatic rejection for volunteering. Date of the offense, seriousness and nature of the violation, rehabilitation, and volunteer position will be considered*

## Volunteer Availability and Preferences:

Have you ever volunteered for this company  Yes  No

Which Branch \_\_\_\_\_ Year(s) volunteered \_\_\_\_\_

Have you any restriction with regards to the hours available for volunteering?  Yes  No

If yes, explain \_\_\_\_\_

Areas of work (interest check all that apply)

- Aquatics
- Sports
- Customer Service
- Child Care
- Maintenance

Time Commitment Level

- 5 hours a week
- 10 hours a week
- 15 Hours a week
- 20 Hours a week
- 25 Hours a week
- Other \_\_\_\_\_

### List available days/hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Who referred you to the YMCA?

Employee  Friend  Newspaper  Other \_\_\_\_\_

Continue on Reverse

**Education:** If not High school graduate, indicate highest grade completed \_\_\_\_\_.

If not High school graduate, have you earned a GED?  Yes  No

Name & Address High School, College, Business Trade School	Major course or degree	Dates Attended	Degree Received

Other special training or skills (languages, clerical, computer, CPR, first aid, etc.)

\_\_\_\_\_

Describe activities you have been engaged in that might strengthen your application.

\_\_\_\_\_

\_\_\_\_\_

I certify that all the above answers are true and correct to the best of my knowledge and belief. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for a volunteer decision. I also authorize a Limited Criminal History check of me through an appropriate law enforcement agency. I understand that misrepresentation or omission of facts on this form is cause for disqualification of, or dismissal from the volunteer program.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)