



VOLUNTEER APPLICATION

For Office Use Only:	
<input type="checkbox"/> Interview	<input type="checkbox"/> Back ground check
<input type="checkbox"/> Reference Check	<input type="checkbox"/> Start Date: _____

Areas of Interest

Please check the area(s) you would like to work in. You may choose more than one.

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Life Center: clean equipment, fold towels, etc. | <input type="checkbox"/> School-Age Children: after school programs, homework help, etc. | <input type="checkbox"/> Early Childhood: Childcare, Preschool, Child Watch | <input type="checkbox"/> YMCA Special Events: Family Night, Y's Men's Club | <input type="checkbox"/> Youth Sports, Youth Fitness |
|--|--|---|--|--|

Personal Information

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Emergency Contact: _____ Phone: (____) _____

Birthdate: _____ Gender: _____

Are you a student? _____ If yes, High School College School Name: _____

Are you volunteering as part of a class/school requirement? _____ Class: _____

Organization/Business Affiliation: _____

How did you hear about the YMCAs volunteer opportunities? _____

Special Skills and Interests

Are you bilingual? _____ If yes, what language(s)? _____

Please list any skills you have or other activities you are interested in. _____

If interested in working with children, please indicate the grade/age of the student you would like to work with:

- Infants to age 5 Grade School (grades 1-6) Middle School (grades 7-9)

Volunteering Schedule

A minimum of 1 hour per week commitment.

Please indicate the day(s) and time(s) you would like to volunteer by **writing the hours**.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References

To provide a safe and positive environment for the children and members in our programs, it is important to obtain adequate information from each applicant. Please answer the following questions to assist in this process. Any information you provide will be made confidential.

Have you ever been arrested for a criminal offense, excluding minor traffic violations? Yes No
Have you ever been accused, arrested or convicted for any sexually-related crimes? Yes No
Have you ever been accused, arrested or convicted for any substance abuse-related crimes? Yes No

If you answered YES to any of the previous questions, please explain.

Please give the name and phone number of **3 current references** (1 personal and 2 professional references) who would be able to provide information related to employment, volunteer work and personal history.

Name/Relation: _____ Phone: (____) _____
Name/Relation: _____ Phone: (____) _____
Name/Relation: _____ Phone: (____) _____

Applicant Statement

I authorize investigation of all statements contained in this application form if I am to be considered as a volunteer, and hereby authorize all references to give any and all information regarding my employment or scholastic standing together with any personal information, that may not be on their records. I understand that misrepresentation or omission of the facts called for hereon, or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's services as a volunteer. I understand that I am volunteering my time and waive all rights to compensation. I further understand that if I volunteer, my position will be at will and either of us may terminate our work relationship at any time.

I also agree to indemnify and hold harmless the Missouri Valley Family YMCA, its partners, their boards and officers, agents and employees from and against all claims, loss or liability of any kind or nature for any possible injury incurred during volunteer service.

I also have no objection to being included in any pictures taken at the Missouri Valley Family YMCA, school sites or other programs that might be used for the purposes of interpreting the program or for publicity.

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

Applicant Signature: _____ Date: _____
Your typed name serves as your signature.

If applicant is under the age of 18, a parent/guardian signature is required.

Parent/Guardian Signature: _____ Date: _____
Your typed name serves as your signature.

To send application or for more information...

Missouri Valley Family YMCA
1608 North Washington Street
Bismarck, ND 58502
PH: (701) 255-1525 FAX (701) 255-0365
hr@bismarckymca.org



Missouri Valley Family YMCA

Employee/Volunteer Authorization to Perform Background Check

I, _____, hereby authorize the Missouri Valley Family YMCA to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position/volunteer opportunity for which I am applying. I understand that the Missouri Valley Family YMCA will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the organization's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment/volunteer work will not be processed further.

Position Applying For

Applicant Information

Last Name

First Name

Middle Initial

Other Names (Maiden/Aliases)

Date of Birth

Social Security Number

Have you lived or worked outside the state of North Dakota in the last 10 years? Yes No

Applicant Signature

Date Signed

(Your typed name serves as your signature.)