



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of MONTCLAIR VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA; without them, we wouldn't be able to meet the needs of the kids, families and adults who live in our community.

To help us learn about your experience, abilities, and interests,
please complete this Volunteer Application as thoroughly as possible.

PERSONAL INFORMATION

FULL NAME: Please PRINT		
PRESENT ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at present address:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Home Telephone No. ()	Cell/Message/Business No. + Ext. ()	
Email Address:		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you are under 18, can you furnish a volunteer permit? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently a member of the YMCA of Montclair? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How did you learn about volunteer opportunities at the YMCA of Montclair?		
Is this volunteer inquiry fulfilling a requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:		



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DESIRED VOLUNTEER POSITION

Type of VOLUNTEER POSITION desired:		Date available:
Please list hours and days that you are available (weekdays and weekends):		
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the job description for the position to which you are applying to volunteer. Will you be able to perform the assignments as described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever applied for volunteer and/or employment opportunities at the YMCA of Montclair before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever volunteered or worked at the YMCA of Montclair or other YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, When? Where?	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
	From	To			
Elementary					
High School					
College/University					
College/University					
Highest Degree Earned: (Circle one number only) 1. GED 2. High School 3. Associate 4. Bachelor 4. Master 5. Doctorate					Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.					
Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you for the position.					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.					
Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.			Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:	Dates of Service:
List Special Training or Skills:	



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VOLUNTEER HISTORY

PLEASE LIST IN ORDER OF MOST RECENT VOLUNTEER SERVICES FIRST		PERSONNEL USE ONLY
COMPANY NAME Phone No. ()		
Address		
City	State Zip Code	
Dates of Volunteer Service From (Mo/Yr) To (Mo/Yr)	Supervisor (Name & Title)	
Position Title and Description of Duties	Reason for Separation	
COMPANY NAME Phone No. ()		
Address		
City	State Zip Code	
Dates of Volunteer Service From (Mo/Yr) To (Mo/Yr)	Supervisor (Name & Title)	
Position Title and Description of Duties	Reason for Separation	

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		PERSONNEL USE ONLY	
COMPANY NAME Phone No. ()		Dates of Employment	
Address (Include Street, City, State, Zip Code)		From (Mo/Yr)	To (Mo/Yr)
Job Title-Start	Job Title-Final	/	/
Supervisor (Name & Title)		Rate of Pay	Rate of Pay
Description of Job Duties		Start	Final
		\$ Per	\$ Per
Description of Job Duties		Reason for Separation	
COMPANY NAME Phone No. ()		Dates of Employment	
Address (Include Street, City, State, Zip Code)		From (Mo/Yr)	To (Mo/Yr)
Job Title-Start	Job Title-Final	/	/
Supervisor (Name & Title)		Rate of Pay	Rate of Pay
		Start	Final
		\$ Per	\$ Per
Description of Job Duties		Reason for Separation	



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REFERENCE DATA

FAMILY AND PERSONAL REFERENCES WE MAY CONTACT

Name	Relationship	Phone ()

PRE-VOLUNTEER CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from volunteer services or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

If I am hired as a Volunteer at the YMCA, I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver’s license if my position requires me to drive in the course of my work.

If I am offered volunteer opportunities, I understand and agree that I may be required to undergo a physical examination at the YMCA’s expense and that my offer of volunteer service may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to legally permissible drug and/or alcohol testing upon request by the YMCA. I recognize that the results of these tests may be used to determine my volunteer or continued volunteer services. I understand and expressly agree that if hired as a Volunteer by the YMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

If I am hired as a volunteer by the YMCA, I understand my volunteer services can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment or volunteer services for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties’ intent concerning the nature of any volunteer relationship between myself and the YMCA.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form or an attached resume or other written attachment is true and correct. I understand that any misrepresentation or omission will be grounds for discharge from volunteer service whenever discovered.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteer services, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein. I also understand that neither this Application for Volunteer nor any other personnel forms constitute a contract.

Applicant Signature

Date of Application

Parent or Legal Guardian’s Signature (If you are under 18)

Date