



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## The YMCA of Mount Vernon Volunteer Application

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

**Department you are interested in volunteering in:** (Please circle all interested)

**Aquatics   Adult Fitness   Child Care   Cleaning/Maintenance   Membership   Youth Programs**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you 18 years of age or over?

Yes    No (If no, please have your parent or guardian sign the application, too.)

### Emergency Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Interests

Why would you like to volunteer?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any particular skills, talents, or interests you'd like to share?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other organizations have you volunteered for, if any? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Please list your last three employers, starting with the most recent:

1. Name of organization \_\_\_\_\_  
Employed from when to when? \_\_\_\_\_ (include month and year)  
Address \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
\_\_\_\_\_  
Name and Number of Immediate Supervisor \_\_\_\_\_

2. Name of organization \_\_\_\_\_  
Employed from when to when? \_\_\_\_\_ (include month and year)  
Address \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
\_\_\_\_\_  
Name and Number of Immediate Supervisor \_\_\_\_\_

3. Name of organization \_\_\_\_\_  
Employed from when to when? \_\_\_\_\_ (include month and year)  
Address \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
\_\_\_\_\_  
Name and Number of Immediate Supervisor \_\_\_\_\_

4. Name of organization \_\_\_\_\_  
Employed from when to when? \_\_\_\_\_ (include month and year)  
Address \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
\_\_\_\_\_  
Name and Number of Immediate Supervisor \_\_\_\_\_

**Background**

Please list here any other names you may have used in the past \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No If so, what was it?

\_\_\_\_\_

The YMCA of Mount Vernon conducts background checks on volunteers.

**Education Note:** Formal education is not required to be a volunteer.

	<b>Name and Location</b>	<b>Course of Study</b>	<b>Start and End Dates</b>	<b>Did You Graduate?</b>	<b>Degree or Diploma</b>
High School					
Trade or Business					
College					
Other					

**References**

Please list 2 people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

Please list your last three employers, starting with the most recent:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
How long have you known this reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
How long have you known this reference: \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Parent's or guardian's signature (if your under 18)* *Date*