



VOLUNTEER APPLICATION

YMCA of Greater San Francisco

Personal Information

Name _____ Today's Date _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

How did you hear about this volunteer opportunity? Branch Online Other: _____

Volunteer Interest(s): Community/Youth Programs Senior Programs Health & Fitness/Aquatics
 Administration/Special projects Special interest/Policy Other/Unknown

Why are you interested in volunteering for the YMCA?

Community Service or School Requirement? YES___ NO___ Number of hours needed: _____ By: _____

Are you over 18? YES___ NO___ Are you over 21? YES___ NO___ Are you a YMCA member? YES___ NO___

Availability

Please indicate the hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many days a week would you like to volunteer? _____ Comments _____

How long would you like to volunteer for? Short term Semester basis Ongoing As needed

Employment Information

Please indicate if you are retired or unemployed. NOTE: Work experience is not a requirement to volunteer.

EMPLOYER	TITLE	SUPERVISOR	PHONE	DATES OF EMPLOYMENT

Volunteer Information

Please list current or previous volunteer experience:

ORGANIZATION	ROLE/EXPERIENCE	SUPERVISOR	PHONE	DATES OF VOLUNTEERING?

Academic Information

NOTE: Formal education is not a requirement to volunteer. We welcome experience of all kinds.

NAME OF SCHOOL	LOCATION	COURSE OF STUDY/DEGREE	LEVEL COMPLETED

Special Certificates/Licenses/Qualifications/Degrees, any other relevant skills or experience:

References (2 Personal and 2 Professional)

REQUIRED

NOTE: The YMCA checks references on all volunteers, as such the following information is required of all applicants.

PERSONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	YEARS KNOWN

PROFESSIONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	YEARS KNOWN

Agreement

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be grounds for discharge. I further understand that final volunteerism is based on completion of all volunteer screening requirements and procedures, including interview(s), reference checks, verifications, physical examination and fingerprinting.

I authorize all organizations and persons named above to give information about me and I hereby release them of all liability.

If I am engaged as a YMCA Volunteer, I agree to observe all rules, regulations, policies and procedures as they relate to the YMCA of San Francisco at all times. I further understand that, although I may be volunteering for a particular position and shift, it may be necessary to accept different assignments, schedules or hours.

I hereby certify that all of the facts set forth in my application are true and complete. I understand that if I am engaged as a YMCA Volunteer, false information on this form or failure to disclose material facts will be considered grounds for discharge. I further understand that my services are on a volunteer basis for which no compensation is provided, and that these services are at-will and may be terminated at any time by either party.

Signature: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____
(If you are under 18)

Please return this completed application form to your YMCA branch.