

# YMCA OF SOUTHERN ARIZONA APPLICATION FOR VOLUNTEER SERVICES

Date \_\_\_\_\_ Position Desired \_\_\_\_\_ Branch \_\_\_\_\_ Dept. \_\_\_\_\_

The YMCA of Southern Arizona does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question of this form is intended to secure information to be used for such discrimination.

## PLEASE ANSWER ALL QUESTIONS

Name (in full) \_\_\_\_\_ Are you 18 years or older? Yes No  
Last First Middle

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_ Phone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**SS # is required for the volunteer screening process and will be kept confidential.**

Reason for Volunteering: \_\_\_\_\_

Hours Available: \_\_\_\_\_ Days Available: \_\_\_\_\_

Current Employer: \_\_\_\_\_  
Employer Name Supervisor Name Phone Number

Other organizations you volunteered with? \_\_\_\_\_ Supervisor \_\_\_\_\_

Have you ever worked with children as a volunteer or an employee? No Yes If yes, list name of business or organization: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
(attach another sheet if necessary)

Describe your training and/or experience pertinent to the volunteer position desired. \_\_\_\_\_

For reference checking purposes, indicate other names under which you have worked/volunteered

## TO BE COMPLETED BY ALL APPLICANTS

Have you ever been convicted of child abuse, child molestation or any criminal offense other than minor traffic violations with a fine of \$500.00 or less; **or** offenses settled in juvenile court or under welfare youth offender law. No Yes

If yes, please explain: \_\_\_\_\_

## CERTIFICATIONS

First Aid No Yes Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR No Yes Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lifeguard No Yes Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## FOR JOBS REQUIRING DRIVING ONLY

1. Do you have a valid Arizona driver's license? No Yes # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Do you have a valid Arizona CDL? No Yes # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3. Are you over 21? No Yes

4. Traffic Violations within the last 3 years?  
If yes, please explain: \_\_\_\_\_

**REFERENCES (include one business reference and two personal references – may include one relative)**

1.

| Name | Relationship to Applicant | Day Phone | Evening Phone |
|------|---------------------------|-----------|---------------|
|------|---------------------------|-----------|---------------|

2.

| Name | Relationship to Applicant | Day Phone | Evening Phone |
|------|---------------------------|-----------|---------------|
|------|---------------------------|-----------|---------------|

3.

| Name | Relationship to Applicant | Day Phone | Evening Phone |
|------|---------------------------|-----------|---------------|
|------|---------------------------|-----------|---------------|

**Please read before signing:**

The YMCA of Southern Arizona is committed to providing a safe environment for our members, participants, volunteers and employees. We are aware that there are people who seek relationships working near children for the wrong reasons. We make an active effort to prevent child abuse, which may include but is not limited to the following:

Fingerprinting and/or criminal background checks

Reference checking with past employers, personal references, and other volunteer organizations that you have served.

Periodic interviews/evaluations are conducted with children and parents regarding day-to-day experiences, encouraging reports of out of the ordinary events. Allegations of suspicions of child abuse are taken seriously and are reported to the police and state agencies for investigation.

**The YMCA is committed to providing programs that:**

1. Develop the leadership skills in youth, teens, and adults in a safe environment.
2. Support the needs of families.
3. Encourage healthy lifestyles.
4. Respond to community needs and pursue collaborations with other community groups for the common good.

I have read and understand the information stated above. I understand that the YMCA will conduct a thorough check of my background and may conduct periodic interviews and/or evaluations with children and parents to encourage reports of anything out of the ordinary.

I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent under the laws of the State.

**AFFIRMATION**

I hereby affirm that my answers to questions on application are true and correct, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge; and that my service is subject to government regulations, YMCA's review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest that I be considered for a volunteer position.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY