



VOLUNTEER APPLICATION

MADISON AREA YMCA

As a volunteer at the Madison Area YMCA you can help contribute to providing the community with high-quality programs and services so that everyone has the opportunity to thrive. The basic definition of a YMCA volunteer is "anyone who willingly gives time to help the Y accomplish its mission." As a YMCA volunteer, you'll make a big difference as you work with others to create a feeling of connectedness in your community! Thank you for your interest!

NOTICE TO APPLICANTS: The YMCA maintains a "Zero Tolerance" for child abuse and/or substance abuse. Criminal background check and other federal or state screenings for child abuse will be conducted. The Madison Area YMCA provides equal employment opportunity without regard to race, color, religion, gender, age, national origin, marital status, veteran status, sexual orientation, mental or physical disability, or any other characteristic protected by law.

PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone Number: (Home) _____ (Cell) _____ (Work) _____

OPTIONAL INFORMATION

The following two (2) fields are **NOT** required to be completed but are suggested so that we can obtain the most accurate information and statistics on the diversity and demographics of volunteers at our Y.

Gender (select ONE) Male Female

Ethnicity (please select all that **BEST** represent what you most closely associate with)

White Black/African American Hispanic/Latino Asian/Pacific Islander

American Indian Other

EDUCATION/EMPLOYMENT

Current School Attending and Year (if applicable): _____

Current Employer (if applicable): _____ Current Position/Title: _____

OTHER

Have you ever been convicted of a felony or criminal offense? Yes No

Are you required to volunteer? Yes No If yes, how many hours are needed? _____

Name of school/agency/government body requiring community service: _____



SKILLS & INTERESTS

Please list any relevant skills, interests, other volunteer involvement, and anything else you wish for us to know about you.

PLEASE INDICATE YOUR AREA(S) OF VOLUNTEER INTEREST

- Administration/Clerical Annual Campaign/Fundraising Board/Committee
- Family Programming & Special Events (Movie Nights, Campfire Nights, Pancake Breakfast, Healthy Kids Day, 5K Race, etc.) Kids Central Kirby Center Maintenance
- Youth Programs (Aquatics, Enrichment, Gymnastics, Perf. Arts, Sports) Wellness/Fitness
- Other _____

AVAILABILITY

Please indicate the days and times you are available to volunteer in the chart below:

Time of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

REFERENCES

Please list three (3) people that have known you for at least two (2) years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers, coaches and counselors. One (1) reference **MUST** be a family member or guardian.

Name	Phone	Relationship
1.		
2.		
3.		

EMERGENCY CONTACT

Name _____ Relationship _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone: (H) _____ (C) _____ (W) _____



STATEMENT OF VOLUNTEER APPLICANT

In the Madison Area YMCA's efforts to attract the highest quality volunteers, I have been advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

If the Madison Area YMCA accepts my volunteer service, I will comply with all policies set forth in the volunteer packet and with other policies established from time to time by the organization. I understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that for some volunteer assignments, health screenings are required by law, and for such assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

I understand that it is this YMCA's policy to secure conviction only criminal history information as a part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction only criminal history file search. I understand that the Madison Area YMCA does not condone child abusers and that the Madison Area YMCA will be seeking information in my background related to child abuse.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation.

I also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant: _____ Date: _____

Parent/Guardian Signature (if applicant is under 18 years old): _____ Date: _____

When you have completed and signed this form, please return to the Madison Area YMCA's Family Center (Attn: Melissa DeSalvo) or submit by email to MDesalvo@madisonymca.org.