



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER APPLICATION

Baker County YCMA

Personal Data

P-R-I-N-T NEATLY

Name _____ **Date:** _____

(last) (first) (middle)

Address _____

City _____ **State** _____ **Zip Code** _____ **Phone #** _____

E-Mail: _____ **Cell#** _____

Are you 18 years of age or older? **Y N** Are you authorized to work in the United States? **Y N**

Social Security Number: _____ **Driver's License Number:** _____ **State:** _____

General Information

Applying for position as: _____ **Date Available:** _____

Have you worked for the YMCA before? **Y N** If so, when and where? _____

How were you referred to the Baker County YCMA? **Advertisement Drop-in School Employee Other**

Name of referral source indicated above _____

Have you ever pleaded guilty to, or been convicted of a criminal offense? **Y N** If yes, please give dates and circumstances _____

List volunteer positions, interests, trainings, or certifications you may have which might strengthen your application (CPR certification is required to work with children) _____

Employment List 3 most recent jobs you have held, beginning with the most recent. Use additional sheet if desired to list more.

Current or last employer: _____ **Employed from:** _____ **to:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

Name/Title of Immediate Supervisor: _____

Your Position/Title: _____

Major Responsibilities: _____

Reasons for termination, or change of employment: _____

Previous Employer: _____ Employed from: _____ to: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
 Name/Title of Immediate Supervisor: _____
 Your Position/Title: _____
 Major Responsibilities: _____
 Reasons for termination, or change of employment: _____

Previous Employer: _____ Employed from: _____ to: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone Number: _____
 Name/Title of Immediate Supervisor: _____
 Your Position/Title: _____
 Major Responsibilities: _____
 Reasons for termination, or change of employment: _____

Personal References List 4 personal references, of which one is a relative. These can't be previous employers.

Name	Address	Phone	Occupation/Relation	Years Known

Please read carefully before signing.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the YCMA with any relevant information and references that may be required to arrive at an employment decision and hereby release said entities from any and all liability. I understand that the misrepresentation or omission of a material fact on my application may be justification for refusal of employment. In the event I am employed, I agree to comply with all rules, regulation, and guidelines as set forth in the YMCA's policy manual or other communications distributed to employees. I authorize the YMCA to supply my employment record, in whole, or in part, and in confidence to any prospective employer, government agency, or other party, with a legal and proper interest. I understand that completion of this form does not guarantee me status as an applicant or any consideration of employment unless I meet all minimum qualifications required of the position for which I am asking to be considered and until all necessary reference, driving, and criminal history checks have been completed as necessary. **I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE AS A CONDITION OF MY EMPLOYMENT.**

Signature of applicant

Date