



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

VOLUNTEER APPLICATION

YMCA of the Central Bay Area

The YMCA of the Central Bay Area relies on the help of volunteers each year. Opportunities range from office/clerical to working with the youth or serving on an event committee. Members and parents are encouraged to apply. Please return completed applications to the branch where you would like to volunteer. If you have any questions, please contact the branch. Thank you for considering volunteering at the YMCA of the Central Bay Area.

Downtown Berkeley YMCA

Volunteer Program Department
Chelsea Tuomi
(510) 665-3274 or ctuomi@ymcacba.org

Irvin Deutscher Family YMCA

Kristine Nachand
(925) 887-4525 or knachand@ymca-cba.org

Albany YMCA

Alicia Bulter
(510) 848-6837 or abulter@ymca-cba.org

YMCA-PG&E Teen Center

Audi Huang
(510) 542-2121 or ahuang@ymca-cba.org

YMCA Early Childhood Services

Toni Browne-McCree
(510) 848-9092 or tmccree@ymca-cba.org

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

The YMCA of the Central Bay Area does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully but its receipt does not imply that you will be chosen as a volunteer. Please note that ALL VOLUNTEER POSITIONS REQUIRE FINGERPRINTING UNLESS THE VOLUNTEER IS UNDER THE AGE OF 18.

ANSWER ALL QUESTIONS COMPLETELY AND PLEASE PRINT CLEARLY

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Occupation: _____

DOB: _____ Age: _____

Home #: _____ Cell #: _____

Position Applying For:

(Check the applicable box)

- One time volunteer
- Long term volunteer
- Unsure

Preferred Start Date:

- ASAP
- Date: _____

Preferred End Date:

- Ongoing
- Date: _____

Check days and times you are available:

Day of the Week & Times

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

Area of Interest:

- Family programs
- Working with children
- Special needs/Inclusion
- Tutoring
- Special events
- Office Clerical

Why are you interested in volunteering at the Y?

How do you hope to benefit from this experience?

How did you hear about the YMCA of the Central Bay Area and its volunteer program?

Please list any current certifications you hold (e.g. CPR, First Aid) along with the expiration date.

Have you ever plead guilty to, or been convicted of, a felony or misdemeanor? Yes No

If yes, state nature of the crime(s), give dates, where convicted and disposition of the case.

If you wish to volunteer with children, why do you want to work with children?

Which age group do you prefer to work with? Why?

What is your experience in managing children?

What sport(s) have you coached/played?

Do you have any special skills or talents?

List any professional or volunteer experience:

Organization

Position/Major Responsibility

Dates of service (mm/yyyy)

From: To:

1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

List any languages that you are fluent in including American Sign Language:

Please list three references that have known you for at least one year, listing at least one local reference. You may list a Coach or Teacher. DO NOT USE FAMILY MEMBERS. Also list your current/last employer.

Name	Relationship	Phone number and email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer/Company or School (if applicable)	Dates of employment	Phone number
_____	_____	_____

Please list your highest level of education

Are you able to perform the essential functions of the job for which you are interested in volunteering, either with or without reasonable accommodations? Yes No

VOLUNTEER ACKNOWLEDGMENT

_____	I understand that I am to immediately report accidents or injuries to myself and participants to my supervisor. I understand that volunteer positions are not covered under Worker's Compensation Insurance.
_____	I understand the YMCA of the Central Bay Area makes an active effort to prevent child abuse and thus requires that all volunteers be fingerprinted and requires volunteers to attend Child Abuse Prevention Training.
_____	I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated while volunteering.
_____	I understand that if chosen for a volunteer position, I will not receive any monetary compensation as a benefit of volunteerism.
_____	I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or Branch Executive and it is the policy of the YMCA to cooperate with authorities conducting investigations of suspected child abuse.
_____	I understand that all volunteers are subject to dismissal at the discretion of the YMCA and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if YMCA programs are dependent on my agreed attendance, I will give the YMCA ample notice of intention to cease volunteering.
_____	I understand that if selected to volunteer, any misrepresentation made on my application shall be considered as sufficient cause for my dismissal without advance notice.
_____	I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA.
_____	I understand that volunteers will not fraternize with children outside the programs, including babysitting, inviting children home or contacting them via the internet. No exceptions will be made.
_____	I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.
_____	I understand that information concerning my past record may be sought from employers, references and organizations I may have volunteered for and I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I am not a pedophile or child molester and have not been convicted of either. 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 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. I have carefully read and understand this application and, by my signature below, consent to the release of consumer or investigative consumer reports (fingerprints) to the YMCA in conjunction with my application for volunteering. I further understand that any and all information contained in my volunteer application or otherwise disclosed to the YMCA by me before, during or after my volunteerism, if any, may be utilized for the purpose of obtaining the consumer reports (reference checking) or investigative consumer reports requested by the YMCA.

If I am engaged as a YMCA volunteer, I agree to observe all rules, regulations, policies and procedures as they relate to the employees at all times. I also 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 dismissal. 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 of Applicant

Date

Signature of Parent or Guardian (if you are under 18)

Date