



Chambersburg YMCA Volunteer Application

Applicant Information			
Last Name	First Name	MI	Home Phone
Address (street, city, state, zip)			Cell Phone
Email Address	Daytime Phone		Best time to call
Emergency Contact Name	Emergency Contact Number		Relationship
Are you looking to fulfill a school requirement for your service? ____ Yes ____ No			
If yes, what school? _____ # of hours needed: _____ Deadline: _____			
Is this for court ordered community service? ____ Yes ____ No			
Certain offenses may limit the areas in which you can serve. Please explain offense or attach paperwork.			
Assignment Preferences			
Days of the week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Time of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/> Anytime	Specific Hours May we contact you when searching for volunteers for various events? ____ Yes ____ No	Program Area of Interest <input type="checkbox"/> Aquatic Programs <input type="checkbox"/> Swim Team <input type="checkbox"/> Child Care/Babysitting <input type="checkbox"/> Preschool <input type="checkbox"/> Family Program <input type="checkbox"/> Youth Sports <input type="checkbox"/> Adult Sports <input type="checkbox"/> Group Fitness <input type="checkbox"/> Special Events <input type="checkbox"/> Office Work <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Anything/Everything	Specific Interests <input type="checkbox"/> Breakfast with the Bunny <input type="checkbox"/> Health Kids Day <input type="checkbox"/> Golf Tournament <input type="checkbox"/> Ed K <input type="checkbox"/> Breakfast with Santa <input type="checkbox"/> Sam's Programs <input type="checkbox"/> Trunk of Treat
List specific volunteering you would like to do at the Chambersburg YMCA:			
Volunteer History			
<input type="checkbox"/> I have volunteered with the YMCA in the past. If Yes please list below. <input type="checkbox"/> I have volunteered with other organization in the past. If yes, please list below.			
Name of Organization/Location	Vol. Dates	Duties	Supervisor/Phone #
Work History /Education			
Current Employer:	Supervisor:		Work Phone:
Position:	# of Years:		May we contact your employer as a reference? ____ Yes ____ No
Highest Level of Education:		Course of Study:	
Special Certification/Skills:			

References	
Please provide 2 professional references	
Name:	Number:
Name:	Number:
Please provide 2 personal references	
Name:	Number:
Name:	Number:
Do you certify that you are suitable for a position of trust with our members/program participants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony, child abuse or sex-related crimes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide date, location, charges, and a complete explanation of all offenses.	

Application Signature	
<p>1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of volunteer services or be cause for subsequent dismissal if I am chosen for a volunteer assignment.</p> <p>2. My services are donated to the Chambersburg YMCA freely and without expectation of compensation or benefits. I understand that this application is not a contract and that volunteer at the YMCA is on an at will basis, and that my volunteer service may be terminated with or without cause by me or the YMCA at any time.</p> <p>3. I have read and fully understand the Chambersburg YMCA code of conduct and agree to abide by it during all YMCA activities. I understand that failure to follow the Code of Conduct may be cause for my dismissal at any time. During my service, I understand that I may never be alone with a single youth where we cannot be observed by other adults. In addition, I understand that no type of child abuse will be tolerated and would be cause for immediate dismissal.</p> <p>4. Waiver of Liability: I agree to hold the Chambersburg YMCA harmless for any injuries sustained on Chambersburg YMCA property while volunteering.</p> <p>5. I hereby authorize the Chambersburg YMCA to contact professional and personal references to assist the YMCA in getting to know me and determine the best volunteer placement.</p> <p>6. I understand that, if I am 18 years of age or older, I am required to submit recent (within the past year) PA Criminal, PA Child Abuse, and NSOR clearance, mandated reporter training, and Praesidium "Foundations" training. The content of which will be evaluated on an individual basis relative to the type of service the individual is offering the YMCA. All information will be maintained in a strict confidence and store in confidential files.</p>	
Signature: _____	Date: _____
Parent Signature: _____	Date: _____