



FOR YOUTH EDEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER INDIANAPOLIS VOLUNTEER APPLICATION

FOR OFFICE USE:

Branch: _____

Sport: _____

Level: _____

Access Completed: _____

Supervisor: _____

CBC Completed: _____

Thank you for your interest in becoming a volunteer with the YMCA of Greater Indianapolis. We would not be able to achieve our mission without the passion, hard work and dedication of our volunteers.

PLEASE PRINT CLEARLY

NAME: _____ **TODAY'S DATE:** _____

1. VOLUNTEER AREA OF INTEREST:

CHILD WATCH/PRESCHOOL

YOUTH SPORTS COACH

WELLNESS ASSISTANT

AQUATICS ASSISTANT

HOSPITALITY DESK

ADMINISTRATION/CLERICAL

FAMILY EVENT ASSISTANT

MAINTENANCE

SUMMER DAY CAMP ASSISTANT

OTHER: _____

2. HAVE YOU EVER VOLUNTEERED WITH THE YMCA BEFORE? IF SO, WHEN & IN WHAT CAPACITY:

3. WHAT DO YOU HOPE TO GAIN FROM YOUR VOLUNTEER EXPERIENCE?

4. WHAT SKILLS, TRAINING OR KNOWLEDGE DO YOU WISH TO SHRE THROUGH YOUR VOLUNTEER EXPERIENCE?

5. WHAT IS YOUR AVAILABILITY (DAYS, TIMES, EVENINGS, WEEKENDS, ETC.)? PLEASE BE SPECIFIC:

6. DO YOU HAVE ANY PHYSICAL OR MEDICAL CONDITIONS OF WHICH THE YMCA SHOULD BE AWARE, OR THAT WOULD AFFECT YOUR ABILITY TO PERFORM CERTAIN VOLUNTEER DUTIES?

___ YES ___ NO:

IF YES, PLEASE EXPLAIN: _____



PERSONAL INFORMATION

NAME (Last): _____ NAME (First): _____ M.I. _____

RACE (for statistical purposes only):

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- 2 or more races
- Other: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY of RESIDENCE: _____ DAYTIME PHONE #: _____ CELL PHONE: _____

EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

WHAT LANGUAGES TO YOU SPEAK?

- ENGLISH
- SPANISH
- AMERICAN SIGN LANGUAGE
- OTHER: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO VOLUNTEER: _____

PHONE: _____ CELL PHONE: _____

The information requested below is required to obtain a Limited Criminal History Check. Each volunteer is required to have a Criminal History Check. Convictions may be relevant if activity-related, but may not immediately prevent your participation.

Date of Birth: (MM/DD/YY) ____/____/____ Soc Security # (required): ____/____/____

Gender: Male Female Have you ever been convicted of a crime: Yes No

If "Yes", please explain: _____

Are you volunteering to fulfill court-ordered community service? Yes No

PERSONAL REFERENCES

Please provide three personal adult reference that have known you for at least 2 years and are not relatives.

- 1. _____ Phone _____ Email: _____
- 2. _____ Phone _____ Email: _____
- 3. _____ Phone _____ Email: _____

Signature: **X** _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if volunteer is under 18 yrs)