



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Maui Family YMCA Volunteer Application

Thank you for your interest in volunteering with the Maui Family YMCA. The Y was founded by volunteers and we could not function today without them! Please take a moment to complete the following information so we may get to know you better. Notice to Applicants, Employees, and Volunteers: The Maui Family YMCA maintains a "zero tolerance" for abuse.

Remember that all Child Care volunteer applicants ages 18 years and older must agree to a criminal background check and be fingerprinted according to state law (Child Protection Act) and YMCA policy.

To help us learn about your experience, abilities, and interests, please print all information on this application as thoroughly as possible.

PERSONAL INFORMATION

Name	Cell Phone #	Home Phone #
Have you ever used any other names? If so, please list here.		
Email Address		
Address: Street Number and Name, City, State, Zip Code		# of Years at Present Address:
Previous Address: Street Number and Name, City, State, Zip Code		# of Years at Previous Address:
If you are 16 or 17 years old, can you provide your Certificate of Age Number? <input type="radio"/> YES <input type="radio"/> NO Certificate I.D. # _____		

When are you available? (check all that apply)

Mornings Days Evenings Weekends

Any restrictions to volunteer hours? _____

Why are you interested in volunteering for the YMCA? _____

What kind of volunteer opportunities and roles are you interested in? _____

Are there particular interests, skills, or talents you would like to share? Please specify. _____

What could the YMCA do to improve your experience and the experience of other volunteers? _____

EMPLOYEMENT DATA

Please account for last ten years of employment by answering all questions for each employer.
PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			
Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			
Company Name		Phone # ()	Dates of Employment __/__/__ to __/__/__
Address (Include Street, City, State, Zip Code)			
Job Title – Start	Job Title – End	Base Rate of Pay Start: \$ Finish: \$	
Supervisor (Name & Title)			
Summarize the type of work performed/job responsibilities			
Reason for Leaving			
May we contact? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> LATER			

EDUCATION AND TRAINING

School Name & Location	Did you graduate? (YES / NO)	Degree Earned	Major Subjects/ Total Hours
Elementary			
High School			
College			
Other			
Highest Degree Earned (circle one number only) 1. High School 2. Associate 3. Bachelor 4. Masters 5. Doctorate			
Additional Education, vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying.			
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.			
<input type="radio"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office - Word, Excel, Outlook, etc.	Other machines requiring special skills:	

VOLUNTEER EXPERIENCE

Organization	Position or Job Description	Years	Still Active? (Yes or No)

ADDITIONAL INFORMATION

- Do you hold current CPR certification? YES NO
 Do you hold current first aid certification? YES NO
 Do you hold current lifeguard certification? YES NO

List anything else (skills/experience) including volunteer experience that would strengthen your application:

REFERENCE DATA

Name	Phone Number	Relationship to You	Years Known
Family Member			
Former Supervisor			
Professional/Personal			
Professional/Personal			

PRE-VOLUNTEER CERTIFICATION

I understand that this application is only valid for the position applied for at the present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial _____

I understand upon contingent offer of a volunteer position, the Maui Family YMCA will conduct a criminal background check prior to and during my time as a volunteer, as well as a child abuse registry check.

Initial _____

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial _____

I am not a child molester, abuser, or pedophile; and have not been convicted of being a molester or abuser.

Initial _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteering, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

If applicant is under Eighteen (18) years of age, signature of Parent or Guardian is required.

Parent/Guardian Signature

Date of Application

Supplement to Application
(Complete if applying to work with Children)

Name: _____

Date: _____

Why do you want to work and care for children?

With what age group do you prefer to work with? Why?

How would you describe yourself?

What other business or personal experiences or trainings have you had that may have prepared you for this position?

Describe non-employment activities you have been engaged in that might strengthen your application?

List any sports or hobbies in which you have participated (past and/or present).

List other cities, states and countries where you have lived/worked:

City	State	Country	# of Years

The YMCA's Position on the Nationwide Problem of Child Abuse

We make an active effort to prevent child abuse!

Some examples may include, but are not limited to:

- **A thorough background check, including but not limited to criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character and extra-curricular activities.**
- **The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.**
- **Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.**
- **Programs are structured so that no staff member/volunteer is left alone with children.**
- **Periodic interviews/evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.**
- **Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.**

The YMCA's goals for child care programs are:

- **To support and strengthen the family unit.**
- **To help children develop to their fullest potential.**
- **To deliver the program in a positive YMCA environment of safety, support, and care.**