



YMCA of Superior California Volunteer Application

Name: _____ YMCA Facility Member? Yes ___ No ___

Address: _____

Phone #: _____ Email _____

Date of Birth: _____ Are you 18 years or older? Yes ___ No ___

Volunteer Areas of Interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Council, Boards, or Committees | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Early Learning Program | <input type="checkbox"/> Member Services/Greeter | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facilities / Grounds Keeping | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Office / Admin Work |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Youth & Government | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other (please explain): _____ | | |

The YMCA of Superior California has committed to creating a diverse environment for members. We have defined diversity to include many demographics including race, religion, age and gender, but also expanded definitions like body composition.

The YMCA welcomes people of all:

- | | | | |
|---------|----------------------|---------------|-----------------------|
| - Ages | - Physical Abilities | - Ethnicities | - Body Images |
| - Races | - Mental Abilities | - Religions | - Sexual Orientations |

Have you ever plead guilty to, or been convicted of a crime? Yes ___ No ___

Please explain: _____

YMCA of Superior California conducts criminal background checks on all volunteers 18 years and older.

Have you lived in California for more than five consecutive years? Yes ___ No ___

If no, please list previous locations and dates : _____

AVAILABILITY

Please list below the days and times you would consider

* Sport Coaches: please list preferred practice dates and times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Continued:

Education:

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional				

References -Please include a minimum of **one family member:**

Type: Personal Employment	Name	Email	Office Use- Ref
		Phone	
Type: Personal Employment	Name	Email	Office Use-Ref
		Phone	
Type: Family Member Relation: _____	Name	Email	Office Use-Ref
		Phone	

I certify that the information on this application is true, complete and correct.

Misrepresentation on this application would be cause for dismissal. I authorize YMCA of Superior California to perform necessary background checks to determine my qualifications for volunteer work and the safety of the YMCA participants and programs.

Applicant Signature: _____ Date: _____

If the person applying as a volunteer is under the age of 18, a parent/guardian must sign below. Signature indicates that the application is made with full approval on parent/guardian part.

Parent Name: _____

Parent Signature: _____ Date _____

Phone: _____ Email _____