



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the YMCA of the Palms. We love our volunteers! Volunteers are the lifeblood of the YMCA and our mission to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all.

There are many different opportunities for volunteers within the YMCA. Please complete the following information to help us make the best use of your time and talents.

Name: _____ Today's Date: _____

Address: _____ City: _____

State: _____ Zip: _____ How long have you been at this address? _____

Best phone number to reach you: _____

Are you under 18 years of age? _____ Are you currently a YMCA member? _____

Which branch are you interested in for volunteer service? _____ Naples _____ Bonita Springs

Have you ever volunteered for a YMCA before? _____

If so, what city and state? _____

INTERESTS AND SPECIAL SKILLS

In which of the following areas would you like to participate as a volunteer?

- | | | | | |
|--|---|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Aerobics Ambassador | <input type="checkbox"/> Fitness | <input type="checkbox"/> Child Watch | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Office help | <input type="checkbox"/> Swim Team | <input type="checkbox"/> Tennis | <input type="checkbox"/> Preschool | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Youth Sports Coach | <input type="checkbox"/> Teens | <input type="checkbox"/> Other? | |

Do you have any special skills or certifications? CPR Foreign language

Other _____

BACKGROUND CHECKS

The YMCA of the Palms conducts criminal background checks on all of our employees and volunteers. As a condition to volunteer, you must agree to a criminal background check. Please complete the following information:

Any other names you have used in the past: _____ Birth date: _____

Driver's license number: _____ Driver's license classification: _____

Have you ever been convicted, pleaded "nolo contendere", or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes ___ No ___

If so, what was it? _____



REFERENCE SECTION

Please list three people **including one relative** whom you have known for at least two years and who know you well enough to provide a reference.

1. Name: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

2. Name: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

3. Name: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

VOLUNTEER PREFERENCE SECTION

What days and times would you like to volunteer?

Any time needed Mornings only Afternoons only Evenings only

Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays

SIGNATURE SECTION

As a condition of volunteering, I give permission for the YMCA of the Palms to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the YMCA of the Palms, the officers, employees and volunteers thereof that may provide such information.

The YMCA of the Palms will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Signature: _____ Date: _____

Parent or guardian's signature _____ Date: _____
(If you are under 18)

YMCA Use Only:

Background check completed by (initials): _____ Date: _____

Reference check completed by (initials): 1: _____ 2: _____ 3: _____

Sent to Director: _____ Date: _____