

Somerville YMCA 101 Highland Avenue Somerville, MA 02143 (617)625-5050 • Fax (617)628-2234

VOLUNTEER APPLICATION

Thank you for considering the Somerville YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the children, families, and adults who live in our community. At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests with our available opportunities and screen volunteer applicants to work with or around children.

Last Name	First Name		Middle Name		
Street Address	City	State	Zip		
Mailing Address	City	State	Zip		
Home Phone # ()		Cellular Phone # ()			
Work Phone # ()	Phone # ()E-mail Address				
Emergency Contact Name		Phone # ()			
Date of ApplicationDate Available					
Days & Hours Available					
Have you previously filled out an application with the Somerville YMCA? Yes No If yes, when?					
Were you previously employed	with a YMCA? Yes	No If yes, when?	where?		
If related to anyone in the Somerville YMCA's employ, state name, department, and relationship					
How did you learn about volun	eer opportunities at th	ne Y?			

VOLUNTEER EXPERIENCE DESIRED

Please circle area of interest:						
	Active Older	Aquatics	Day Camp	Child Care	After School	
Programs	Adults	-			Care	
	Membership	Youth Sports	Health & Fitness	Teen Programs		
Administrative	Filing	Typing	Office Support	Board of		
				Directors		
Fundraising	Annual Support	Special Events	Golf Tournament			
Facility	Maintenance	Grounds keeping				

Why did you choose to volunteer at the Somerville YMCA?

What other organizations have you volunteered for?

EMPLOYMENT RECORD

In the space provided below, please indicate your full and part-time employment record, starting with your most recent employer. You may also include volunteer experience in your employment history. Please be as accurate as possible since we contact past employers for reference purposes.

Company Name:	Supervisor's Name	Dates Employed From:
Address:	Supervisor's Phone #	То:
Job Position(s)	Duties Performed & Job Responsibilities	

Company Name:	Supervisor's Name	Dates Employed From:
Address:	Supervisor's Phone #	To:
Job Position(s)	Duties Performed & Job Responsibilities	

Are there any other skills, talents, or prior experiences that will contribute to your volunteer experience?

JOB SKILLS

Indicate and explain any experience you have had in any of the following areas:

Aquatics	Camping
Fitness/Health	Reception
Childcare	Custodial
Finance	Computer Skills

EDUCATION

	School Name	City/State	Major Course/ Subject	Circle Last Year Completed	Degree
High School/ Prep				9 10 11 12	
College				1234	
Graduate Work				1234	
Other				1234	

REFERENCES

List at least three character references that know you well and can attest to your abilities and suitability for YMCA volunteer work (one reference MUST be a family member).

Name	Address	Occupation/ Relationship to You	Telephone Number	# of Years Known

VOLUNTEER'SAGREEMENT ***Please Read Before Signing***

As an applicant for a volunteer position, I understand that CORI (Criminal Offender Record Information) and a SORI (Sex Offender Registry Information) background check will be conducted and that it will not necessarily disqualify me.

I certify that all information provided by me in support of my volunteer application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal.

I give the Somerville YMCA permission to investigate all information concerning my volunteer application in order to determine my qualifications. I understand that any offer of volunteer work may be rescinded if the results of the investigation are unacceptable to the Somerville YMCA at its sole discretion.

Signature of Applicant_____

_Date _____

If applicant is under the age of 18, a parent or guardian's signature is required.

Signature of Parent or Guardian______Date _____Date _____