



## YMCA of Martha's Vineyard VOLUNTEER APPLICATION

Thank you for considering the 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 kids, families, and adults who live on the Island.

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact the YMCA office.

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Today's Date \_\_\_\_\_ (Month/Day/Year)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you 18 years of age or over?  Yes  No (If no, please have your parent or guardian sign the application, too.)

Are you a member of the YMCA?  Yes  No (Membership is not required)

**PART I. EMERGENCY CONTACT**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

**PART II. INTERESTS**

Would you like a staff member contact you regarding volunteer opportunities at this time?

Yes  No

If yes, what special skills do you have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas are you interested volunteering in?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations have you volunteered for, if any?

\_\_\_\_\_  
\_\_\_\_\_

**PART III. RESIDENCES**

Please list your last two addresses (excluding your current address) starting with the most recent:

1. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From when to when? \_\_\_\_\\_\_ to \_\_\_\_\\_\_ (mm\yy)

2 Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From when to when? \_\_\_\_\\_\_ to \_\_\_\_\\_\_ (mm\yy)

**PART 1V. EMPLOYMENT HISTORY**

Please list your last three employers, starting with the most recent:

1. \_\_\_\_\_ Employed from \_\_\_\_\\_\_\_\_ to \_\_\_\_\\_\_\_\_  
Name of organization

Address \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_

State job title and describe your work

\_\_\_\_\_

Name and title of immediate supervisor

2. \_\_\_\_\_ Employed from \_\_\_\_\\_\_\_\_ to \_\_\_\_\\_\_\_\_  
Name of organization

Address \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_

State job title and describe your work

\_\_\_\_\_

Name and title of immediate supervisor

3. \_\_\_\_\_ Employed from \_\_\_\_\\_\_\_\_ to \_\_\_\_\\_\_\_\_  
Name of organization

Address \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_

State job title and describe your work

\_\_\_\_\_

Name and title of immediate supervisor

**Other skills** (caring for children, languages, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V. MILITARY HISTORY**

Date of entry \_\_\_\_\_ Date of discharge \_\_\_\_\_

Branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_

Final rank \_\_\_\_\_

Did you attend service school or receive special training?

\_\_\_\_\_  
\_\_\_\_\_

**PART VI. EDUCATION**

Formal education is not required to be a volunteer. We welcome experience of all kinds

	Name and location	Course of study	Dates	Did you graduate? If yes, what degree/certificate/diploma
High School				
Trade or Business				
College				
Other				

**PART VII. BACKGROUND**

Please list here any other names you may have used in the past:

Driver's license number \_\_\_\_\_

Driver's license classification \_\_\_\_\_

Have you ever been convicted of a criminal offense? If so, what was it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART VIII. REFERENCES**

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

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In consideration of volunteerism, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(if you're under 18)