



# West Morris Area YMCA

## Volunteer Application

### Our Mission

The West Morris Area YMCA, a nonprofit charitable organization, has evolved to meet the needs of the communities we serve since 1889. We provide best-in-class opportunities promoting youth development, healthy living and social responsibility.

Position(s) being applied for: \_\_\_\_\_

### \*\* Notice to Applicants \*\*

The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.

Criminal background check and other federal or state screenings for child abuse will be conducted.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

Please type or print. Application must be completely filled out in order to be considered.

### Personal Data

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Email Address \_\_\_\_\_

Previous residence (Address, City, State, Zip): \_\_\_\_\_

Previous residence (Address, City, State, Zip): \_\_\_\_\_

Previous residence (Address, City, State, Zip): \_\_\_\_\_

Have you previously worked/volunteered for any YMCA? ☐ Yes ☐ No If yes, when \_\_\_\_\_

YMCA Name & Address \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No If not, you will be required to furnish working papers upon hire.

### Employment/Volunteer Availability

What type of position are you applying for: \_\_\_ Full time \_\_\_ Regular Part-time \_\_\_ Seasonal \_\_\_ Other (Volunteer)

When are you available? (check all that apply) Available start date? \_\_\_\_\_

\_\_\_ Mornings \_\_\_ Days \_\_\_ Evenings \_\_\_ Late Evenings \_\_\_ Weekends

Any restrictions to work hours? \_\_\_\_\_

## Volunteer History

Have you ever volunteered before? ☐ Yes ☐ No

If yes, where have you volunteered and what were your duties? \_\_\_\_\_

What are your interests? \_\_\_\_\_

What are your talents or skills? \_\_\_\_\_

## Employment & Volunteer History

Employer _____ Address _____	Telephone (____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities _____ _____ _____ _____
Starting job title/Final job title _____ Immediate supervisor and title _____ Reason for leaving _____ _____			
Employer _____ Address _____	Telephone (____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities _____ _____ _____ _____
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## Non-employment Record

Include explanation of all lapses in employment on preceding page.

From		To		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

## Education

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

## References

List at least three references/persons that know you well and can attest to your abilities and suitability for YMCA employment (one reference must be a family member).

Name	Phone Number & Email Address	Relationship to you	Years Known
1.			
2.			
3.			

## Additional Information

Do you hold current CPR certification? ☐ Yes ☐ No

Expiration: \_\_\_\_\_

Do you hold current first aid certification? ☐ Yes ☐ No

Expiration: \_\_\_\_\_

Do you hold current lifeguarding certification? ☐ Yes ☐ No

Expiration: \_\_\_\_\_

### How did you find us? (if applicable)

- ☐ Walk-in  
☐ Job Fair Which One? \_\_\_\_\_

- ☐ Web Page  
☐ Referral  
☐ Advertisement  
☐ Relative  
☐ Employee  
☐ Private Employment Agency  
☐ Other \_\_\_\_\_

Other relevant certifications held:

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered. Initial \_\_\_\_\_

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered. Initial \_\_\_\_\_

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment. Initial \_\_\_\_\_

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. Initial \_\_\_\_\_

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant. Initial \_\_\_\_\_

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause. Initial \_\_\_\_\_

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Do not sign until you have read and initialed the above statements

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent if applicant is under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (Please Print):

FOR YMCA USE ONLY:

Date Received: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_