

VOLUNTEER APPLICATION AND AGREEMENT CHANNEL ISLANDS YMCA

Form V-2

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

This Association does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully but its receipt does not imply that you will be chosen as a volunteer. Please note that **ALL VOLUNTEER POSITIONS REQUIRE FINGERPRINTING.**

(ANSWER ALL QUESTIONS COMPLETELY AND PLEASE PRINT CLEARLY)

Date _____ Position Desired _____ Branch _____

PERSONAL INFORMATION

Name _____ Home Phone: _____

Present Address _____

Are you over the age of 18? ___ Yes ___ No Social Security Number _____

Have you been convicted of a crime? ___ Yes ___ No If yes, explain _____

A conviction does not automatically mean you will not be offered a volunteer position. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

Place of Employment _____

Address _____ City _____, CA Zip _____

In case of emergency contact: Name _____ Relationship _____

Address _____ Phone _____

VOLUNTEER INFORMATION

Have you ever volunteered for other organizations? ___ Yes ___ No If yes, please list below:

Organization _____ **Position** _____

Supervisor Name _____ **Telephone #** _____

Organization _____ **Position** _____

Supervisor Name _____ **Telephone #** _____

Describe any formal/informal training you have had as a volunteer _____

Please explain why you are interested in volunteering _____

PERSONAL REFERENCES (Not Family)

Name and Address _____

Phone _____ Relationship _____ Known How Long _____

Name and Address _____

Phone _____ Relationship _____ Known How Long _____

Name and Address _____

Phone _____ Relationship _____ Known How Long _____

Please list the names of any friends, relatives or acquaintances employed by this Association and their relationship to you _____

ADDITIONAL INFORMATION

Please list any current certificates you hold (i.e. CPR, First Aid, etc.) along with the expiration date _____

What days and times would you be available to volunteer? _____

If the volunteer position you are applying for involves working with children, please answer the following questions:

Why do you want to work with children? _____

With what age group and sex do you prefer to work? Why? _____

What is your philosophy about discipline? _____

List other areas where you are involved with children? _____

What are the 2 greatest strengths you have in working with children? _____

What are the 2 most difficult problems you have in working with children? _____

What sport(s) have you coached/played? _____

VOLUNTEER ACKNOWLEDGMENT

Initials

I understand that I am to immediately report accidents or injuries of myself and participants to my supervisor. I further understand that volunteer positions are not covered under Worker's Compensation insurance.

Initials

I understand the Channel Islands YMCA makes an active effort to prevent child abuse and thus requires that all volunteers be fingerprinted and requires volunteers to attend Child Abuse Prevention Training.

Initials

I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

Initials

I understand that if chosen for a volunteer position, I will not receive any monetary compensation nor membership to the YMCA as a benefit of volunteerism.

Initials

I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or Branch Executive and it is the policy of the YMCA to cooperate with authorities conducting investigations of suspected child abuse.

Initials

I understand that all volunteers are subject to dismissal at the discretion of the YMCA and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at anytime. I understand that if YMCA programs are dependent on my agreed attendance, I will give the YMCA ample notice of intention to cease volunteering.

Initials

I understand that if selected to volunteer, any misrepresentation made by my completing this application shall be considered as sufficient cause for my dismissal without advance notice.

Initials

I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA.

Initials

I understand that volunteers will not fraternize with children outside the programs, including babysitting or inviting children home. No exceptions will be made.

Initials

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

Initials

I understand that information concerning my past record may be sought from employers, references and organizations I may have volunteered for and I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the individuals or organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justification for refusal for placement. I have read the above acknowledgments and this statement and accept the same as a condition of my placement with the YMCA. I, the undersigned, do hereby authorize Channel Islands YMCA to take photographs, videos, motion pictures and/or sound recordings of me. I further grant the Channel Islands YMCA permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity and campaign materials.

Signature of Applicant

Date

FOR INTERVIEWER'S USE ONLY

INTERVIEW COMMENTS

Chosen to Volunteer? ___Yes ___No

In What Capacity? _____ Interviewed By: _____

ASSOCIATION OFFICE

Channel Islands YMCA, 55 Hitchcock Way, Ste 101, Santa Barbara, CA 93105
(805) 569-1103

BRANCHES

Santa Barbara Family YMCA, 36 Hitchcock Way, Santa Barbara, CA 93105
(805) 687-7727

Montecito Family YMCA, 591 Santa Rosa Lane, Montecito, CA 93108
(805) 969-3288

YMCA Youth & Family Services, 301 W. Figueroa Street, SB, CA 93101
(805) 963-8775

Ventura Family YMCA, 3760 Telegraph Road, Ventura, CA 93003
(805) 642-2131

Camarillo Family YMCA, 3111 Village at the Park Drive, Camarillo, CA 93012
(805) 484-0423

Lompoc Family YMCA, 201 W. College Avenue, Lompoc, CA 93436
(805) 736-3483

Stuart C. Gildred Family YMCA, 900 N. Refugio Road, Santa Ynez, CA 93460
(805) 686-2037



*We build strong kids, strong families
strong communities.*