



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Allegheny Valley YMCA Volunteer Application

Please return completed application to YMCA

Personal Information		
Name:		
Address:		
City:	State:	Zip:
Present Employer:		
Profession (Past/Present):		
Daytime Phone:	Evening Phone:	
Email:		
Emergency Contact Name:		
Emergency Contact Phone:		

The information requested below is required to obtain a limited criminal history check		
Social Security #:	Date of Birth:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> African American
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Have you been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		
_____		
_____		
_____		
<small>(Conviction may be relevant if activity-related, but does not immediately prevent your participation)</small>		

Please help us provide you with the best volunteer experience by providing us with some additional information.
Where did you hear about our YMCA and our volunteer opportunities?
Are you a current YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No
What do you hope to gain from volunteering?
What other organizations have you volunteered with? Please list organization, dates and capacity:
_____
_____

Do you have a preference of program assignment? If so, which program or project?

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

What skills/training/knowledge do you wish to share through your volunteer activities?

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

Do you have any physical or medical conditions that would affect your ability to perform certain volunteer duties, or that the YMCA should be aware of?  Yes  
 No

If Yes, please explain:

**Availability**

When are you available to volunteer?

Day(s) of the week:

Time of the day:

Please provide three references (other than relatives). If employed, please list supervisor.

Name	Relationship	Phone

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**  
(if applicant is under the age of 18)

\_\_\_\_\_  
**Date**

.....

**Staff Use Only**

References Verified

Limited Criminal History

Sexual Offender Registry

Department Where Volunteer:

Duties Assigned:

**Supervisor Signature:**

**Date:**