



Athens YMCA

“Volunteer Application”

Name: _____ Date: ___/___/___

Present Address: _____

Home Phone: () ___-____ Business Phone: () ___-____

Date of Birth: ___/___/___ Social Security: ___-___-____

Referred By: _____

Work Area Desired: (Please check all that apply)

Aquatics	___	Fitness	___	Gymnastics	___	Others	___
Nursery	___	Youth Sports	___	Maintenance	___	(Please Specify)	
Day Camp	___	Adult Sports	___	Fund-Raising	___	_____	
Teen Prog.	___	Clerical/Office	___	Special Event	___	_____	

DAYS AND TIMES AVAILABLE: (Please list specific times if known)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

EDUCATION: (Circle highest grade completed)

Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 +

High School Attended: _____

College: _____ Major/Minor _____

Other: _____

I understand that I am advised to consult a physician prior to participating in YMCA activities and agree to hold harmless the YMCA and YMCA staff members from an claims, suite, or losses that may result in my injury and/or death, accidental or otherwise, arising from my participation in said YMCA activities.

Signed: _____ Signed: _____
Signature of Volunteer Signature of parent if volunteer is under 18 yrs. Old

List work and/or past volunteer experience:

<u>Organization</u>	<u>Phone</u>	<u>Address</u>	<u>Position</u>	<u>Dates Vol.</u>	<u>Date Called</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Certifications (Aquatics, Teacher, Officials, First Aid, CPR, etc.)

Held: _____ Expiration Date: _____
Held: _____ Expiration Date: _____
Held: _____ Expiration Date: _____
Held: _____ Expiration Date: _____

Emergency Contact- Please list a relative whom we may contact in case of emergency:

Name: _____ Phone: _____ relation: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my volunteering is for no definite period, and may be terminated at any time without previous notice.

Signature: _____ Date: _____

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Employee Reference Check

PROFESSIONAL/EMPLOYER REFERENCES:

Name of Applicant: _____ Date of Contact: _____

References must be verified PRIOR to hiring prospective employee, please include comments.

Name	Phone #1:
Years Known:	Phone #2:

Comments: _____

Name	Phone #1:
Years Known:	Phone #2:

Comments: _____

Name:	Phone #1:
Years Known:	Phone #2:

Comments: _____

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Employee Reference Check

PERSONAL REFERENCES:

Name of Applicant: _____ Date of Contact: _____

References must be verified PRIOR to hiring prospective employee, please include comments.

Name	Phone #1:
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Comments: _____ _____ _____ _____ _____
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Years Known:	Phone #2:
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Name	Phone #1:
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Years Known:	Phone #2:
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Comments: _____ _____ _____ _____ _____
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Name:	Phone #1:
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Years Known:	Phone #2:
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Comments: _____ _____ _____ _____ _____
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