Grants Pass Family YMCA Volunteer Application

Volunteerism is the willingness of people to work on behalf of others without the expectation of pay or other tangible gain. **Volunteers** may have special training or recognize a need and fill it. A **volunteer** is a person who serves in a community because they choose to do so.

Mission Statement

"To put Christian principles into practice through programs that build healthy spirit, mind and body for all"

Dear Applicant,
Thank you for considering joining the Grants Pass Family YMCA team! We know our success starts with people like you and we are delighted that you are interested in working with us. Before you put your pen to the application, please take a few moments to read this letter.

First, we need to tell you a few things about the YMCA before you apply:

- Character counts at the YMCA. You will be expected to teach and demonstrate caring, honesty, respect and responsibility in all aspects of your time here.
- We offer a completely smoke-free facility.
- In some areas, those younger than 18 must work with someone 18 or older. This may limit the areas and shifts for which you may be considered.

Still interested? We hope so! The following directions will help you successfully apply for a position at the Grants Pass Family YMCA:

- Fill out the application completely, even if you attach a resume. If a question does not apply to you, mark it "NA" so we know you didn't avoid the answer or miss the question.
- Any false or misleading statements will disqualify you from consideration.
- We will be checking your references

What type of position are you looking for?

- □ Full Time Position
- □ Part Time Position
- □ Volunteer Position
- □ Fulfilling a work or school requirement.
  If so, No. of hours needed _____?
- □ Fulfilling a community service Requirement
  If so, No. of hours needed _____?
- □ A one time volunteer project
- □ An on-going regularly scheduled position

In what areas are you most interested?

Membership
- □ Courtesy Counter
- □ Office Support
- □ Projects and Mailings

Health & Fitness
- □ Group Fitness Instructor
- □ Personal Trainer (cert. req.)
- □ Weight Room Assistant
- □ Special Instruction (Qualifications req.)

Aquatics
- □ Aquatic Fitness Instructor
- □ Swim Lesson Instructor

Computers
- □ Data Entry
- □ Web Page Data Entry and Design

Child Care
- □ Child Watch Assistant
- □ Teacher Aid (off site)

Management/Financial Development
- □ Board Member
- □ Administrative Projects
- □ Fundraising
- □ Specialty Activities Coordinator/Assistant

Facilities Maintenance
- □ Janitorial
- □ Projects
- □ Handyman
- □ Sewing

Youth & Adult Programs
- □ After School Care
- □ Home School PE
- □ Youth Counselor
- □ Day Camp
- □ Youth Coach/Referee
- □ Day/Week Adventure Camps
- □ Special Activities Instructor
- □ Youth Sports
- □ Adult Sports
- □ Adult Programs

_____
What position would you like to apply for?

_____ _____
Full Name Date

Personal Information

Full Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City, State, Zip _____

Are you 18 years or older?

_____ **Yes** _____ **No**

Mailing Address (if different from above) _____

Have you ever been employed/volunteered by any YMCA? If so: When? Where? What position?

_____

Why are you interested in this particular position?

Professional Memberships/Affiliations/Licenses:

Have you ever been convicted of a felony? If so, Please explain:

_____

Prior Street Addresses (last 10 years)

	City	**State**	**Zip**

Personal References

	Reference#1 (must be family member)	Reference #2	Reference #3
Name/Title of Reference			
Phone Number			
FOR OFFICE USE ONLY			
How long have you known or worked with the applicant?			
In what Capacity?			
Do/Did you find the applicant reliable?			
This applicant will be working directly with children. Do you feel this is an appropriate fit			

Completed by: _____ Date: _____
(to be completed and signed by Grants Pass Family YMCA director)

Continue to next page

Employment History (Please provide for the last 10 years, attach a separate sheet if necessary)

1

Employer	From
Address	To
Duties	Title
Supervisor's Name	Phone

Employer	From
Address	To
Duties	Title
Supervisor's Name	Phone

Education

	School Name	Location	Diploma/Degree	Major
High School				
College/ University				
Graduate School				
Vocational Or Training				

Continued to next page

Acknowledgements and Signatures (Grants Pass Family YMCA will be known as GPFYMCA hereafter)

_____ Initial — Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Due to the large number of applications received, not everyone who applies for a vacant position will be interviewed.

_____ Initial — **The Grants Pass Family YMCA hereby advises its members, guest, participants and employees that we review sex offender lists** and reserve the right to do background checks on its members, guests and participants at any time. Furthermore, the Grants Pass Family YMCA, at their sole discretion, reserves the right to cancel any privileges based upon said background checks and/or sex offender list reviews.

_____ Initial — I certify that I have answered truthfully and have not knowingly withheld information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation or material omission which becomes known to the GPFYMCA will result in immediate termination.

_____ Initial — I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give the GPFYMCA representatives any and all information regarding me and my previous employment and volunteer work. I release GPFYMCA and all previous employers and supervisors from liability for any damages that may result from furnishing information to GPFYMCA.

_____ Initial — I agree to conform to the instructions, rules and policies of the GPFYMCA.

Are you able to perform the functions of the position you are applying for? _____ Yes _____ No

Fair Credit Reporting Act Disclosure Notice

I voluntarily authorize the **Grants Pass Family YMCA** to conduct a criminal background check for employment purposes in connection with my application and hire for employment. I specifically authorize the Grants Pass Family YMCA to obtain consumer reports from consumer reporting agencies including, but not limited to Criminal Info Services, Inc (CIS) for employment purposes. I understand I have rights under the FRCA as indicated below.

By signing below, I acknowledge I have read and understand that the **Grants Pass Family YMCA** will conduct a criminal background check and/or obtain a consumer report at any time prior to and/or during my employment as may be applicable to me. In the event that **Grants Pass Family YMCA** considers any information in these reports when making an adverse employment related decision affecting me, I will be provided with information regarding the consumer reporting agency, a copy of the report and a copy of my rights under the Fair Credit Reporting Act (FCRA), before the decision is finalized.

_____	_____	_____
Date of Birth	Oregon Driver's License	Social Security No

Please list all names you've used in the last 10 years:

_____

_____

_____ Applicant's Signature

_____ Date