

VOLUNTEER FORM

APPLICATION FOR VOLUNTEER SERVICE AT THE SAN ANGELO YMCA

Thank you for considering the San Angelo YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. You will find questions on this form about your background, former residences, and places of employment and so on. The YMCA makes an active effort to prevent abuse. So even though we may know you well, all volunteers are subject to criminal history and background checks. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA. Thank you for your cooperation and your interest in the San Angelo YMCA. If you have any questions about any part of our application process, please contact us at (325) 655-9106.

WHAT SPURT ARE TOO VOLUNT	EERING FOR:		
Today's Date:			
Full Legal Name:			
Date of Birth: Email /	Address:		
Mailing Address:			
Physical Address (if mailing is a	P.O. Box):		
City:	State:	Zip:	
Phone Day:	Evening:		
Are you over the age of 18?	Yes	No	
Do you want to coach your child	Yes	No	
Your child's name:			
Grade:	School:		
Position in which you are volun	teering for: (Head	Coach, As	sistant, etc.)_
If already an established team.	what is the team r	name?	

Please list your last two addresses (excluding your current address) starting with the most recent: (physical address and P.O. Box #) From when to when? _____ From when to when? _____ **Background:** Please list here any other names you may have used in the past: Driver's License #:_____ State: _____ SS#:____ Have you ever been convicted or accused of a criminal offense? If so, what was it? (Note: Not all offences prevent your service to the YMCA. Omission of offences does.) **Emergency Contact:** City: _____State: ____Zip:____ Phone: Day: Evening:

How did you learn about volunteer opportunities at the YMCA?

Residences:

Interests:

Employment History:	
Please list your last two employers, starting with the most recent:	
1. Name of organization:	_
From when to when:	
Job title and describe work:	-
Name and title of immediate supervisor:	
2. Name of organization:	-
From when to when:	
Job title and describe work:	-
Name and Airle of Commondiate and the common of the common	
Name and title of immediate supervisor:	
Military History:	
Date of entry: Date of discharge:	
Branch of service:Type of discharge: Final rank:	
Did you attend service school or receive special training?	

References:

years and who know you w	ell enough to provide	e us with a reference	e.
1. Name:			
Address:	City:	State:	
Telephone:	Relationship to	o you:	
How long have you known	this reference?		
Please list the names of re relationship to you.	latives, friends. Or ac	cquaintances emplo	yed by the YMCA and their
In the San Angelo YMCA's advised that, as a part o	f the application pro	he highest quality v	volunteer staff, I have been service with the YMCA, and t, activities, character and
health, and I fully consent	to and authorize all s	such inquires. I unde	erstand that all inquiries will
be confidential. I underst	and that any misrepr	esentations or omi	ssion of fact would exclude
my being considered fo	r volunteer service:	s or, after May s	service begins, may cause
termination.			
Signature:		Date:	
Parent or guardian's signa	nture:		Date:

Please list one person besides relatives and employers whom you have known for at least two



(If you are under 18)

The mission of the San Angelo YMCA is to serve the people in the San Angelo community of all faiths and ages, with an emphasis on families and youth, to permit them to achieve their Godgiven potential in spirit, mind and body through its programs, staff, facilities and the community.