

# Football

# YVOLUNTEERS™

We build strong kids, strong families, strong communities.

## 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, 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.

**HAVE YOU COACHED FOR THE YMCA WITHIN THE LAST 6 MONTHS?**

**WHAT SPORT?** \_\_\_\_\_  
**IF YES JUST FILL OUT THE FIRST PAGE.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work #: \_\_\_\_\_

Are you over the age of 18? Yes No

Do you want to coach your child in a sport? Yes No

What sport? \_\_\_\_\_

Your child's name: \_\_\_\_\_

Grade: \_\_\_\_\_

Position in which you are volunteering for: (Head Coach, Assistant, Team Mom etc.)

\_\_\_\_\_

If already an established team, what is the team name? \_\_\_\_\_



**Background:**

Please list here any other names you may have used in the past. (maiden name, aliases etc.): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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.)

Social Security #: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

**Residences:**

Please list other cities of residence in Texas or out of state in the last five years.

1. Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

2. Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

3. Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**Employment History:**

Please list your last two employers, starting with the most recent:

1. Name of organization: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job title and describe work: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

2. Name of organization: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job title and describe work: \_\_\_\_\_

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:**

Please list two people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

Please list the names of relatives, friends. Or acquaintances employed by the YMCA and their relationship to you.

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

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Interests:**

How did you learn about volunteer opportunities at the YMCA?

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What other organizations have you volunteered for, if any?

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Are you a member of a YMCA (membership is not required)? Where at?

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*In the San Angelo YMCA's efforts to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries. I understand that all inquiries will be confidential. I understand that any misrepresentations or omission of fact would exclude my being considered for volunteer services or, after my service begins, may cause termination. I understand that the San Angelo YMCA reserves the right to refuse any person as acting as a volunteer for any act felt unworthy of the YMCA.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if you are under 18)



THIS AGENCY IS SUPPORTED BY THE  
UNITED WAY OF THE CONCHO VALLEY

**YMCA MISSION STATEMENT:**

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 God-given potential in spirit, mind and body through its programs, staff, facilities and the community.