



The YMCA of Western Monmouth County, Freehold, NJ

VOLUNTEER APPLICATION

Thank you for considering volunteering at the YMCA of Western Monmouth County. The YMCA values its volunteers and the varied experience and expertise they bring to its programs.

Because most of our volunteers interact with children, it is necessary for us to be diligent in our screening process in order to assure the safety of our members expect and are entitled to. Our screening process and requirements are the same for volunteers as for our employees.

Please complete and sign the attached forms and return them to us with two forms of identification (*one with photo*). We will make a copy of them and return them immediately. The screening process takes about 2 weeks to complete. When the screening process is complete, you will be required to attend our Child Abuse/ New Staff Orientation. The orientation must be completed before you begin your assignment.

We try to accommodate all who wish to volunteer. However, there are times when we are just not in need of a volunteer in specific area. You will receive correspondence informing you of your assignment and a schedule of orientations when the screening process is complete.

Thank you again for your interest in the YMCA of Western Monmouth County.



YMCA

We build strong kids,
strong families, strong communities.

YMCA of Western Monmouth County
470 East Freehold Road
Freehold, NJ 07728
Phone: 732-462-0464 Fax: 732-462-0255

VOLUNTEER APPLICATION

Application Date _____

Name _____ Phone _____

Address _____ Town & Zip _____

E-mail _____

Position applying for _____ How did you learn about this opening _____

Date Available to Begin _____

List any certifications, experiences, qualifications, or skills that may benefit the position that you are applying for

Have you worked/volunteered for us before _____ If yes, when _____

EMPLOYMENT / VOLUNTEER HISTORY

PRESENT EMPLOYER	HOW LONG	TYPE OF WORK
CURRENT & PAST VOLUNTEER AFFILIATIONS	HOW LONG	TYPE OF RESPONSIBILITIES

All of the information supplied on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Date of Birth if Under 18: _____

FOR OFFICE USE: Type of I.D. _____

Telephone Reference Sheet

Please complete section A, B, and C and sign at bottom of sheet. Please print clearly

A. I give permission for the YMCA of Western Monmouth County to make inquiries to the following people as to my personal integrity

Print Name: _____ Signature: _____

B. Name of personal reference: Telephone Number:	D. This area to be completed by Staff Members conducting reference check	
	QUESTION	RESPONSE
	How long have you known _____?	
	In what capacity?	
	Have you ever observed him/her working with children?	
	What type of environment did you observe?	
	The applicant will be working directly with children. Do you see this as an appropriate area for _____ to volunteer in?	
	Is there any other information you would like to share that will help us asses his / her capabilities?	

C. Name of personal reference: Telephone Number:	E. This area to be completed by Staff Members conducting reference check	
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	Have you ever observed him/her working with children?	
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Telephone Reference completed by: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT **CLEARLY**

APPLICANT'S SOCIAL SECURITY # ___ ___ ___ / ___ ___ / ___ ___ ___

APPLICANT'S NAME: LAST: _____

 FIRST: _____

 MIDDLE INITIAL: _____

 DATE OF BIRTH: _____

CURRENT ADDRESS: _____

 CITY: _____ STATE: _____ ZIP: _____

 COUNTY: _____

PREVIOUS ADDRESSES (IN LAST 10 YEARS)

 CITY: _____ STATE: _____ ZIP: _____

 CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE # _____ STATE: _____

The above named person has expressed an interest in becoming a volunteer with the YMCA of Western Monmouth County. We are requesting a background check on this person. Please report any significant findings including arrest, conviction, and evidence of child abuse/neglect.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, HEREBY AUTHORIZE THE RELEASE OF CONFIDENTIAL INFORMATION CONCERNING MYSELF TO THE YMCA OF WESTERN MONMOUTH COUNTY OR ITS DESIGNATED AGENT. I UNDERSTAND THAT THIS RELEASE IS FOR THE SPECIFIC PURPOSE OF DISCLOSING INFORMATION AS IT APPLIES TO THE APPLICATION FOR EMPLOYMENT.

APPLICANT SIGNATURE

DATE