

YMCA of Middle Tennessee Volunteer Application

Name: _____ D.O.B.: _____ Sex: _____
Current Address: _____ City/State/Zip _____
Phone: Home: _____ Office: _____ Cell: _____ Fax: _____
How long have you been at this address? _____ Social Security #: _____
Email Address: _____

Emergency Contact (permanent/parent's home information if you are a student)

Title: _____ Name: _____
Address: _____ City/State/Zip _____
Phone: Home: _____ Office: _____ Pager: _____ Relationship: _____

Background Information

Please list here any other names you may have used in the past: _____
Driver's license #: _____ State Issued: _____ Driver's license classification: _____
Have you ever been convicted of a criminal offense? YES / NO

Residences

Please list at least 3 years of residence history (excluding your current address) starting with the most recent:

1.	Street address	City	State	Zip	From month/yr. to month/yr.
2.	Street address	City	State	Zip	From month/yr. to month/yr.
3.	Street address	City	State	Zip	From month/yr. to month/yr.

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

1.	Name of Organization/Company	Employed from month/yr. to month/yr.			
	Address	City	State	Zip	Telephone
	Job Title and describe your work				
	Name and title of immediate supervisor				
2.	Name of Organization/Company	Employed from month/yr. to month/yr.			
	Address	City	State	Zip	Telephone
	Job Title and describe your work				
	Name and title of immediate supervisor				

Education *Note: Formal education is **not** required to be a volunteer. We welcome experiences of all kinds!*

Highest level completed _____ Degree or diploma _____
Name and location _____ Course of study _____

Interests

How did you learn about the volunteer opportunities at the YMCA of Middle Tennessee? _____
Why would you like to volunteer? _____
What other organizations have you volunteered for, if any? _____

Volunteer Availability

Do you prefer to volunteer on a regular basis ____?

On a time limited project ____?

One day a week _____ Twice per month _____

Once a month _____ More often _____

Other _____

Mon. from _____ to _____

Tue. from _____ to _____

Wed. from _____ to _____

Thu. from _____ to _____

Fri. from _____ to _____

Sat. from _____ to _____

References

List 3 people who have known you for at least three years whom you authorize us to contact. **NO FAMILY MEMBERS, please!**

1.) Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Relationship to you: _____ Known you for How Long: _____

2.) Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Relationship to you: _____ Known you for How Long: _____

3) Name: _____ Phone: _____

Address: _____ City/St/Zip: _____

Relationship to you: _____ Known you for How Long: _____

STATEMENTS of UNDERSTANDING. Please initial each statement and sign.

___1. I understand some sections of the Middle Tennessee staff member handbook may apply to me and I will be given a copy of those sections upon beginning my volunteer service.

___2. I understand that the YMCA does not discriminate based on race, color, creed, religion, national origin, sex marital status, status with regard to public assistance , membership or activity in a local commission, disability, age or other legally protected status.

___3. I understand the YMCA reserves the right to conduct criminal background and reference checks on all volunteers.

___4. I understand that the YMCA nor its agents, employees, servants, or invitees shall be liable to me or any of my family, agents, employees, servants or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused. I will not hold the YMCA responsible for any injuries or accidents that may occur.

Signature

Date

Printed Name of Applicant

YMCA of Middle Tennessee Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping persons grow in spirit, mind and body.