



YMCA OF Honolulu

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the *YMCA of Honolulu*. The YMCA was founded by volunteers and we could not function today without them! Please take a moment to complete the following information so we may get to know you better. **Notice to Applicants, Employees and Volunteers: The YMCA of Honolulu maintains a "zero tolerance" for abuse.**

Remember that all Child Care volunteer applicants ages 18 years and older must agree to a criminal background check and be fingerprinted according to state law (child protection act) and YMCA policy.

**To help us learn about your experience, abilities, and interests.
Please complete this Application for Volunteer as thoroughly as possible.**

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Telephone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	E-Mail Address
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
If you are 16 or 17 years old, can you provide your Certificate of Age number: <input type="checkbox"/> YES <input type="checkbox"/> No _____		

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Atherton Branch | <input type="checkbox"/> Camp Erdman Branch | <input type="checkbox"/> Central Branch | <input type="checkbox"/> Metro |
| <input type="checkbox"/> Kaimuki Branch | <input type="checkbox"/> Kalihi Branch | <input type="checkbox"/> Leeward Branch | |
| <input type="checkbox"/> Mililani Branch | <input type="checkbox"/> Nu'uaniu Branch | <input type="checkbox"/> Windward Branch | |

When are you available (check all that apply)?

- Mornings
 Days
 Evenings
 Late Evenings
 Weekends

Any restrictions to volunteer hours?

Why do you want to volunteer for the YMCA

Why are you interested in volunteering for the YMCA?

What kind of volunteer opportunities and roles are you interested in

Are there particular interest, skills, or talents you would like to share? Please specify.

What could the YMCA do to improve your experience and the experience of other volunteers?

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		Summarize the type of work performed and Job responsibilities.
Company Name Phone No. Address (Include Street, City, State, Zip Code) Job Title-Start Job Title-Final Supervisor (Name & Title)		
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name Phone No. Address (Include Street, City, State, Zip Code) Job Title-Start Job Title-Final Supervisor (Name & Title)		
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
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Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Check one number only): 1. <input type="checkbox"/> High School 2. <input type="checkbox"/> Associate 3. <input type="checkbox"/> Bachelor 4. <input type="checkbox"/> Master 5. <input type="checkbox"/> Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

VOLUNTEER EXPERIENCE

Organization	Position or Job Description	YEARS	Still Active? (Yes or No)

Additional Information

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguard certification? Yes No

List anything else (skills/experiences) including volunteer experience that would strengthen your application:

I give my permission to be photographed as a YMCA volunteer for YMCA promotional use.

- Yes No

REFERENCE DATA

Name	Phone Number	Relationship to you	Years Known

PRE-VOLUNTEER CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand upon contingent offer of a volunteer position, the YMCA of Honolulu will conduct a criminal background check prior to and during my time as a volunteer, as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from volunteering or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteering, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date

Parent or Guardian Signature

Date