



Submit to Youth Dept.

YMCA of Honolulu
Leaders in Training 2019 Volunteer Application

Thank you for applying for the volunteer Leaders in Training experience. Please fill out this volunteer application to determine your qualifications and abilities in working in the field of your choice. Please take the time to fill this out accurately as it will be used as the first means of determining qualifications.

Please keep in mind, not all applicants might be selected.

APPLICANT'S INFORMATION		
Print First Name	Print Last Name	Birthdate
Home Address (Street, City, Zipcode)		Grade Completed
Cell Phone	Home Phone	Email
Current School	Medical Conditions/Allergies	
DEPARTMENT PREFERENCE and AVAILABILITY		
PLEASE SELECT		
<input type="checkbox"/>	AM Shift: Monday through Friday: 8:00am-12:00pm	
<input type="checkbox"/>	PM Shift: Monday through Friday: 1:30pm-5:00pm	
<input type="checkbox"/>	Full Day Shift: Monday through Friday: 8:00am-5:00pm (1 Hour Break)	
MANDATORY TRAINING		
All staff and volunteers are required to attend mandatory training prior to working in youth programs for the YMCA of Honolulu. Here is a list of trainings below. Times/Dates TBD One day of make up courses will be made available after the first round of training.		
PLEASE INITIAL UNDERSTANDING THAT THESE COURSES ARE MANDATORY		
<input type="checkbox"/>	Orientation to the YMCA & Standard Operating Procedures	
<input type="checkbox"/>	Child Management & Member Engagement	
<input type="checkbox"/>	Curriculum Planning & Lesson Plan Execution	
<input type="checkbox"/>	30-45 Minute Online Child Abuse Prevention Course	
<input type="checkbox"/>	Risk Management	
EMERGENCY CONTACT INFORMATION		
Mom/Guardian's Name Printed		Cell Phone
Father/Guardian's Name Printed		Cell Phone

EMPLOYMENT AND VOLUNTEER WORK EXPERIENCE (IF ANY)

Company/Organization's Name	Date Started	Date Finished

What were your responsibilities?

What did you gain from this experience?

Company/Organization's Name	Date Started	Date Finished

What were your responsibilities?

What did you gain from this experience?

SHORT ANSWER QUESTIONS

These will help determine qualifications and fit. Give genuine answers that set you apart from others.

Why do you want to volunteer with the YMCA?

Why are you interested in volunteering?

What are some skills, talents, abilities, characteristics that set you apart from others?

What do you hope to get out of your experience as a Leader in Training this summer?

REFERENCES

Three references must be completed prior to be offered a volunteer position

Name of Reference	Phone Number	Relationship to you
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PRE-VOLUNTEER AGREEMENT/UNDERSTANDING

PLEASE INITIAL

_____	I understand that this position is only valid for Summer 2018 Leaders in Training experience and that the YMCA is not obligated to retain or consider this application for other volunteer openings.
_____	I understand that failure to complete all mandatory trainings may result in being ineligible from the volunteer opportunity.
_____	I understand that if my attendance during the volunteer opportunity does not meet the requirements of the YMCA's needs, it may result in my removal from the volunteer opportunity.
_____	I understand that working with members is not something to be taken lightly and at any point, due to my behaviors or actions the YMCA reserves the right to terminate my volunteer services.
_____	I understand that my time and efforts are strictly voluntary. At no point in time during the Leaders in Training experience will I, or any others, be compensated in any way for my time, efforts, or work.

Volunteer Applicant's Signature	Date

PARENT/GUARDIAN AGREEMENT/UNDERSTANDING

PLEASE INITIAL

_____	I understand that this position is only valid for Summer 2018 Leaders in Training experience and that the YMCA is not obligated to retain or consider this application for other openings.
_____	I understand that failure to complete all mandatory trainings may result in my youth's removal from the volunteer opportunity.
_____	I understand that if my youth's attendance during the volunteer opportunity does not meet the requirements of the YMCA's needs, it may result in his/her removal from the volunteer opportunity.
_____	I understand that working with members is not something to be taken lightly and at any point, due to my youth's behaviors or actions the YMCA reserves the right to terminate my youth's volunteer services.
_____	I understand that my youth's time and efforts are strictly voluntary. At no point in time during the Leaders in Training experience will he/she, myself, or any others, be compensated in any way for my time, efforts, or work.
_____	The YMCA of Honolulu has my permission to use my, and my youths` photograph, video, artwork, profile and/or story and any likeness in any of its publications, web pages, and other promotional materials produced, used by, and representing the YMCA of Honolulu. I understand that the circulation of the materials could be worldwide and that there will be no compensation to me or my youth for this use. This includes photographs, videos, and artwork from during program hours as well as special events, camps, and other YMCA related outings outside of regular program hours.
_____	If in the judgement of the YMCA staff, my youth requires medical care, I authorize and instruct the YMCA to inform me or an authroized person listed. The YMCA may take my youth in for medical treatment to the physician, hospital or clinic I designate, or contact 911 per my request. If the authorized person, the physician, or I can't be promptly reached, I authorize the YMCA to contact 911 and have an ambulance or YMCA transport my youth to the nearest hospital or clinic for medical treatment.

Parent/Guardian Name Printed	Cell Phone
Parent/Guardian Signature	Date