



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"/> Camp Erdman Branch | <input type="checkbox"/> Kaimuki Branch | <input type="checkbox"/> Kalihi Branch | <input type="checkbox"/> Mililani Branch |
| <input type="checkbox"/> Metropolitan Branch | <input type="checkbox"/> Nu'uuanu Branch | <input type="checkbox"/> Windward Branch | <input type="checkbox"/> Leeward 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? _____

Are you being referred by an agency/program? yes no

Name of agency/program:
Name of person referring you:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		Summarize the type of work performed and Job responsibilities.
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
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May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
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Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
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 (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. 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.				
Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		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	Years Known
Family Member			
Former volunteer supervisor			
Professional/Personal			
Professional/Personal			

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.

_____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.

_____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.

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

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



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND
INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

Name (Printed)

Social Security Number (leave blank until job offer is made)

Name of County in which you reside

Date of birth (mm/dd/yy) (leave blank until job offer is made)

Signature

Date

Email address: _____