



**YMCA Cape Cod**  
**2245 Iyannough Road**  
**West Barnstable, MA 02668-0188**  
**(508)362-6500 • Fax (508)362-5379**

## VOLUNTEER APPLICATION

Thank you for considering the YMCA Cape Cod as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the children, families, and adults who live in our community. At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests with our available opportunities and screen volunteer applicants to work with or around children.

\_\_\_\_\_

Last Name First Name Middle Name

\_\_\_\_\_

Street Address City State Zip

\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cellular Phone # ( ) \_\_\_\_\_

\_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

\_\_\_\_\_

Date of Application \_\_\_\_\_ Date Available \_\_\_\_\_

\_\_\_\_\_

Days & Hours Available \_\_\_\_\_

\_\_\_\_\_

Have you previously filled out an application with the YMCA Cape Cod? Yes No If yes, when? \_\_\_\_\_

\_\_\_\_\_

Were you previously employed with a YMCA? Yes No If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

\_\_\_\_\_

If related to anyone in the YMCA Cape Cod's employ, state name, department, and relationship

\_\_\_\_\_

How did you learn about volunteer opportunities at the Y? \_\_\_\_\_

### VOLUNTEER EXPERIENCE DESIRED

Please circle area of interest:

<b>Programs</b>	Active Older Adults	Aquatics	Day Camp	Child Care	After School Care
	Membership	Youth Sports	Health & Fitness	Teen Programs	
<b>Administrative</b>	Filing	Typing	Office Support	Board of Directors	
<b>Fundraising</b>	Annual Support	Special Events			
<b>Facility</b>	Maintenance	Grounds keeping			

\_\_\_\_\_

Why did you choose to volunteer at the YMCA Cape Cod? \_\_\_\_\_

\_\_\_\_\_

What other organizations have you volunteered for? \_\_\_\_\_

## EMPLOYMENT RECORD

In the space provided below, please indicate your full and part-time employment record, starting with your most recent employer. You may also include volunteer experience in your employment history. Please be as accurate as possible since we contact past employers for reference purposes.

Company Name: Address:	Supervisor's Name  Supervisor's Phone #	Dates Employed From: To:
Job Position(s)	Duties Performed & Job Responsibilities	

Company Name: Address:	Supervisor's Name  Supervisor's Phone #	Dates Employed From: To:
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Are there any other skills, talents, or prior experiences that will contribute to your volunteer experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### JOB SKILLS

Indicate and explain any experience you have had in any of the following areas:

Aquatics \_\_\_\_\_ Camping \_\_\_\_\_

Fitness/Health \_\_\_\_\_ Reception \_\_\_\_\_

Childcare \_\_\_\_\_ Custodial \_\_\_\_\_

Finance \_\_\_\_\_ Computer Skills \_\_\_\_\_

### EDUCATION

	School Name	City/State	Major Course/ Subject	Circle Last Year Completed	Degree
High School/ Prep				9 10 11 12	
College				1 2 3 4	
Graduate Work				1 2 3 4	
Other				1 2 3 4	

## REFERENCES

List at least three character references that know you well and can attest to your abilities and suitability for YMCA volunteer work (*one reference MUST be a family member*).

Name	Address	Occupation/ Relationship to You	Telephone Number	# of Years Known

### **VOLUNTEER'S AGREEMENT** **\*\*\*Please Read Before Signing\*\*\***

As an applicant for a volunteer position, I understand that CORI (Criminal Offender Record Information) and a SORI (Sex Offender Registry Information) background check will be conducted and that it will not necessarily disqualify me.

I certify that all information provided by me in support of my volunteer application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal.

I give the YMCA Cape Cod permission to investigate all information concerning my volunteer application in order to determine my qualifications. I understand that any offer of volunteer work may be rescinded if the results of the investigation are unacceptable to the YMCA Cape Cod at its sole discretion.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**If applicant is under the age of 18, a parent/guardian's signature is required.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_