

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. I hereby give my permission for the YMCA of Middle Tennessee to obtain information relating to my criminal history record . The criminal history record, as received from the reporting agency, may include arrest and convictions. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the YMCA of Middle Tennessee. I also understand that it will be repeated on a monthly basis. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.
- ___ 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