

# Application For Volunteer



San Gabriel Valley Family YMCA, 412 East Rowland Street, Covina, CA 91723-2743 Tel. 626-339-6221 Fax 626-339-4594

We consider applications for all without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status

*(Please Print)*

Position(s) applied for	Date of application
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How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Club / Association	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Home Number	Cell Number	Social Security Number
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Best time to contact you? \_\_\_\_\_:\_\_\_\_\_ AM PM

Are you 18 years or older? If no, age? \_\_\_\_\_  Yes  No

Have you ever volunteered with us before?  Yes  No  
 If yes, give date \_\_\_\_\_ Program? \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  Yes  No  
 If yes, state names, relationship and location. \_\_\_\_\_

What Program are you interested in volunteering for? \_\_\_\_\_

Have you been convicted of a felony and/or misdemeanor within the last 5 years? Yes No  
 If yes, explain (will not necessarily exclude you from consideration)

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## Education

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**VOLUNTEER EXPERIENCE**

Organization	Dates		
Address	From	To	
Telephone Number			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed			
Organization	Dates		
Address	From	To	
Telephone Number			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Performed			

Comments:


**Personal / Professional References** *Include one family member*

Name	Phone Number	Best Time to Call	Occupation

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

Why do you want to volunteer at the YMCA? \_\_\_\_\_


How can the YMCA benefit from your volunteering? \_\_\_\_\_


Describe any specialized training, apprenticeships, skills and extra-curricular activities. \_\_\_\_\_


**Additional Information**

Other Qualifications \_\_\_\_\_


## Specialized Skills

CPR Card

First Aid Card

Life Guard Certified

Class B License

Other Cards / Certificates \_\_\_\_\_

*State any additional information you feel may be helpful to us in considering your application.*

## CALIFORNIA DISCLOSURE

As part of the employment process, the San Gabriel Valley YMCA, ("The Company"), will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report:

Choice Point WorkPlace Solutions Inc.  
Consumer Disclosure Center  
P.O. Box 105292  
Atlanta, GA. 30348  
1-800-845-6004

### California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact Choice Point during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at Choice Point's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want Choice Point to disclose to or discuss your information with this party, you may be required to provide a written statement granting Choice Point permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

Choice Point has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

Additional information required for screening:

Birth Date: \_\_\_\_\_

My signature below indicates that I have read the above statements and agree to allow the company to process the report. I certify that answers given herein are true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**San Gabriel Valley YMCA**  
**VOLUNTEER ACKNOWLEDGEMENT**  
PLEASE READ CAREFULLY BEFORE SIGNING

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*If Volunteer is at least 18 years old, then Volunteer must read and sign below:*

I understand, as a volunteer, that I am not an employee of the San Gabriel Valley YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the California Workers Compensation Laws

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE SAN GABRIEL VALLEY YMCA

<hr/> <p style="text-align: center;">Print name of Volunteer</p>	<hr/> <p style="text-align: center;">Signature of Volunteer</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p>Emergency Contact: _____</p>		
Name		Telephone

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*If Volunteer is under 18 years old, then parents must read and sign below:*

I understand, as my minor child is a volunteer, that my minor child is not an employee of the San Gabriel Valley YMCA and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the California Workers Compensation Law

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE SAN GABRIEL VALLEY YMCA.

**BOTH PARENTS/GUARDIANS MUST SIGN:**

<hr/> <p style="text-align: center;">Print name of parent/guardian</p>	<hr/> <p style="text-align: center;">Signature of parent/guardian</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Print name of parent/guardian</p>	<hr/> <p style="text-align: center;">Signature of parent/guardian</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p>Emergency Contact: _____</p>		
Name		Telephone