



Wyckoff Family YMCA

Volunteer Application

YMCA Mission

Our mission at the Wyckoff Family YMCA is to reach out to the residents of northern Bergen County and provide services and activities which help people regardless of age, sex, race or religion to develop in spirit, mind, and body.

**** Notice to Applicants ****

The YMCA maintains a "zero tolerance" for child abuse and/or substance abuse.

Criminal background check and other federal or state screenings for child abuse will be conducted.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

Position(s) being applied for: _____

Location: _____

We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.

Please type or print. Application must be completely filled out in order to be considered.

Personal Data

Name _____

Home Phone _____

Address _____

Cell Phone _____

City _____ State _____ Zip _____

Email Address _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

Previous residence (Address, City, State, Zip): _____

- Have you previously worked for any YMCA? Yes No If yes, when _____
YMCA Name & Address _____
- Are you 18 years of age or older? Yes No If not, you will be required to furnish working papers upon hire.
- Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense, public indecency or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court?
 No Yes, detail _____
- Offenses against persons or family?
 No Yes, detail _____

Answering "yes" to these questions does not constitute an automatic bar to employment but will be considered in relation to the position sought.

Employment Availability

What type of position are you applying for: ___ Full time ___ Regular Part-time ___ Seasonal ___ Other

When are you available (check all that apply)? Available start date? _____
___ Mornings ___ Days ___ Evenings ___ Late Evenings ___ Weekends

Days Available ___ Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sal ___ Sun

Time Available ___ 9am-1pm ___ 1pm-5pm ___ 5pm-10:30pm

Employment & Volunteer History

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

| | | |
|--|--|---|
| Employer _____ Telephone _____ (_____) _____ Address _____ | Dates Employed From _____ To _____ | Summarize the type of work performed and job responsibilities |
| Starting job title/Final job title _____ | Hourly Rates/Salary Starting \$ _____ per _____ | |
| Immediate supervisor and title _____ | | |
| Reason for leaving _____ | Hourly Rates/Salary Final \$ _____ per _____ | |
| | | |
| Employer _____ Telephone _____ (_____) _____ Address _____ | Dates Employed From _____ To _____ | Summarize the type of work performed and job responsibilities |
| Starting job title/Final job title _____ | Hourly Rates/Salary Starting \$ _____ per _____ | |
| Immediate supervisor and title _____ | | |
| Reason for leaving _____ | Hourly Rates/Salary Final \$ _____ per _____ | |
| | | |

Interests

How did you hear about volunteer opportunities at the YMCA?

Why would you like to volunteer?

Have you heard about any particular volunteer opportunities that interest you?

Do you have any particular skills, talents, or interests that would match certain kinds of volunteer opportunities?

Are you a member of a YMCA (membership is not required) _____

Non-employment Record

Include explanation of all lapses in employment on preceding page.

| From | | To | | Reason |
|------|-----|-----|-----|--------|
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |
| Mo. | Yr. | Mo. | Yr. | |

Education

| School Name & Address (high school, college, trade) | Major Course or Degree Program | Diploma/Degree Received |
|--|-----------------------------------|----------------------------|
| | | |
| | | |
| | | |

References

List at least three references/persons that know you well and can attest to your abilities and suitability for YMCA employment (*one reference must be a family member*).

| Name | Phone Number | Relationship to you | Years Known |
|------|--------------|---------------------|-------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Additional Information

Do you hold current CPR certification? Yes No

Expiration: _____
CPR Level: _____

Do you hold current first aid certification? Yes No

Expiration: _____

Do you hold current lifeguarding certification? Yes No

Expiration: _____

Other relevant certifications held:

Type: _____ Expiration: _____

Type: _____ Expiration: _____

How did you find us? (if applicable)

- Walk-in
- Signs at Center
- Web Page
- Referral
- Advertisement
- Relative
- Employee
- Private Employment Agency
- Other _____

Applicant Statements

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

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

Initial _____

Releases

The information provided in this Volunteer Application is true, correct and complete. If my application is accepted, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer to volunteer does not create a contractual obligation upon the Wyckoff Family YMCA to continue to utilize me as a volunteer in the future. I authorize the Wyckoff Family YMCA and or its agents to verify this information. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

In consideration of my volunteer service in participation of any activities at the Wyckoff Family YMCA, I, myself, my heirs, executors and administrators hereby release and forever discharge the Wyckoff Family YMCA and all representatives and personnel from all liabilities, actions, claims, demands, damages, costs and expenses, which may now or in the future have against them or any of them arising out of my participation at the above mentioned Wyckoff Family YMCA including, but not limited to, all injuries that may be suffered by me.

I certify that I have read, fully understand and accept all terms of the foregoing applicant statements and releases. Do not sign until you have read and initialed the above statements.

Signature of Applicant **Date**

Signature of Parent if applicant is under 18 years of age **Date**

Parent's Name (please print): _____

FOR YMCA USE ONLY:

Date Received: _____ **Date Contacted:** _____

Referred to: _____ **Date:** _____

Referred to: _____ **Date:** _____

Notes/Comments: _____