



YMCA SOUTHCOAST Volunteer Application Form

PERSONAL

Last Name _____ First Name _____ Middle _____ Date _____

Address _____ Home Telephone _____

City State Zip _____ Cellular Phone _____

Email address _____ Other Phone _____

Have you ever applied for employment with us? YES NO If yes, list date _____

Emergency Contact _____ Phone _____

Are you a friendly person? Please explain in detail. _____

Do you have your own transportation? YES NO If no, how will you get to the Y? _____

Are you over 18 years of age? YES NO Are you a member of the Y? If so what branch? _____

When are you available for volunteer service? Provide days & times. _____

Please check the branches where you would like to volunteer Dartmouth YMCA Fall River YMCA Gleason Family YMCA
 Mattapoisett YMCA New Bedford YMCA Stoico/FIRSTFED YMCA Association Offices

Have you done volunteer work in the past? YES NO If yes, please list the agencies, dates & type of work _____

Are there any medical or other limitations to the type of volunteer work you can perform? Please explain. _____

Special training, hobbies or skills (languages, certifications, etc) _____

Why do you wish to volunteer at the YMCA SOUTHCOAST? _____

EDUCATION

School	Name & Location of School	Course of Study	Years Completed	Graduate Y or N?	Degree or Diploma
Graduate					
College					
Business or Technical					
High School					
Elementary					

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Verifiable volunteer work will also be acceptable.

EMPLOYMENT AND/OR VOLUNTEER REFERENCES

Company Name	Telephone
Address	Employed · state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

Company Name	Telephone
Address	Employed · state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

Company Name	Telephone
Address	Employed state month & year
	From To
Supervisor Name	Weekly Pay
	Start Last
Job Title & Description of Work	Reason for Leaving

DO NOT CONTACT Employer(s) _____

We may contact all employers listed. Please indicate any you prefer we do not contact. Reason _____

PERSONAL REFERENCES

One reference **MUST** be a family member · Exclude employers and volunteer references

Name	Address	Telephone Number	Relationship

SIGNATURE

This information provided in this Application is true, correct and complete. If I am chosen by YMCA SOUTHCOAST, any misstatement or omission of fact on this application may result in my dismissal. I further give my permission and authorization for YMCA SOUTHCOAST and its authorized representative to investigate my references, criminal background and employment history. I hereby release said companies and individuals from any liability for any damage whatsoever resulting from the giving of such information.

_____ Date _____ Applicant Signature

OFFICE USE ONLY

Interviewed by _____ Branch _____ Dept _____

Comments _____

Date _____ CORI attached _____ SORI attached _____

Volunteer will be working at: Branch _____ Department _____