Ahwatukee Foothills Y OPAS Program
APPLICATION FOR VOLUNTEER EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION
This Association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name: __________________________________________ Date: __________
Last   First   Middle
Address: __________________________________________ Telephone: Home __________________________
          Street                                                                 Business __________________________
          City     State     Zip
Major Crossroads: __________________________   Neighborhood: __________________________

Email address: __________________________   Are you at least 18 years old? Yes □ No □

Do you have an Arizona Driver’s License? □ Yes □ No   Do you currently have automobile insurance? □ Yes □ No

Have you had any moving violations in the last 12 months? □ Yes □ No   If Yes, how many: __________________________

Have you ever pleaded guilty to, or been convicted of, a felony? □ Yes □ No

If yes, give dates and circumstances ___________________________________ 

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? □ Yes □ No

If yes, give dates and circumstances ___________________________________

GENERAL

# of hours you are willing to volunteer: Daily _____ Weekly _____ Monthly _____
Availibility: Year Round _____ Seasonal _____ Date Available __________________________

Have you volunteered for any YMCA? □ Yes □ No   Location/Dates: __________________________

Check the Volunteer Opportunities below that you are willing to do:

_____ Business Help   _____ Caregiver Relief   _____ Help with Socials and Events
_____ Household Assistance   _____ Office/Clerical   _____ Reassurance Calling
_____ Transportation   _____ Visiting   _____ Other __________________________

_____ Shopping/Errands (SE)  Preference: Shop for individual: _____   Shop with individual _____

Days/Times Available (please put times next to days you are available): M ________ T________
W ________ Th ________ F ________ Sa ________ Sun ________ Thanksgiving ________ Christmas ________
Driver’s License #: ____________________ State:_______ Expiration Date: ________________
Insurance company: ________________ Policy Number: ________________ Expiration date: ______
I can handle a wheelchair  Yes ________ No ________
I will drive: Valleywide ______ Ahwatukee Only ______ Ahwatukee and East Valley ________
Type of Car:  Sedan _____ Compact _______ High SUV _____ Low SUV _______ Van _______ Pickup_______

Please fill out additional information
Computer Skills: _______________________________ Foreign Languages: __________________________
Other talents/skills/hobbies: ________________________________________________________________
How did you hear about YMCA OPAS? ______________________________________________________
Why are you interested in volunteering? _____________________________________________________

________________________________________________________
________________________________________________________

Please list volunteer experience/organization/club affiliations: ________________________________
________________________________________________________
________________________________________________________
________________________________________________________

PERSONAL REFERENCES

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL ADDRESS</th>
<th>PHONE NUMBER</th>
<th>RELATIONSHIP</th>
<th>HOW LONG KNOWN</th>
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LIST BELOW THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU

________________________________________________________________________________________
PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Valley of the Sun YMCA. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the Valley of the Sun YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer employment decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of volunteer employment.

In the event I am employed as a volunteer, I understand that all volunteers are subject to termination at the discretion of the Valley of the Sun YMCA. If, in the event I choose to voluntarily terminate my volunteer employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my volunteer employment during the notice period or may accept my resignation immediately.

I understand I am responsible for attending the elderly abuse prevention training provided by the Valley of the Sun YMCA and that I will adhere to all guidelines set forth by the YMCA OPAS program.

I authorize the Valley of the Sun YMCA to supply my volunteer employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I further understand that it is the Valley of the Sun YMCA’s policy to secure conviction criminal history and motor vehicle record information as a part of the volunteer employment process for applicable positions. I understand that the Valley of the Sun YMCA does not condone child or elderly abusers and the Valley of the Sun YMCA will be seeking information in my background related to child or elderly abuse if employed as a volunteer in an applicable position.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for volunteer employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

CONVICTIONS: A conviction does not automatically mean you will not be offered a position as a volunteer. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

CONFIDENTIALITY: By signing below I understand and agree that any information regarding seniors I am serving will be kept completely private and confidential.

I have read the above statement and accept the same as a condition of my volunteer employment with the Valley of the Sun YMCA.

____________________________
Signature of Applicant

____________________________
Date