



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 Cell _____

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 _____

Availability: 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

NAME	EMAIL ADDRESS	PHONE NUMBER	RELATIONSHIP	HOW LONG KNOWN

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