



**VALLEY OF THE SUN YMCA  
VOLUNTEER PACKET**

<b>Volunteer Name:</b>	<b>Program:</b>
<b>Start Date:</b>	

**Receive from volunteer:**

- COMPLETED VOLUNTEER APPLICATION**
- VOLUNTEER INFORMATION FORM**
- TELEPHONE REFERENCE CHECK FORM – 3 references.**
- BACKGROUND CHECK SIGNED RELEASE FORM**  
Date background check ran: \_\_\_\_\_ Date letter sent to volunteer: \_\_\_\_\_
- Completed ACKNOWLEDGEMENT OF VOLUNTEER HANDBOOK RECEIPT** (Supervisor must print out the volunteer handbook and give the acknowledgement form (found on the last page of the handbook) to the volunteer before acknowledgement form can be submitted)

**Give volunteer:**

- RELEVANT INFORMATION FOR VOLUNTEER JOB** (manual, uniform, emergency procedures, etc.)
- DATES TO REMEMBER FOR BRANCH/PROGRAM** (strong kids campaign, annual events, program events, etc.)

**VALLEY OF THE SUN YMCA  
VOLUNTEER APPLICATION**



**PLEASE READ THIS SECTION BEFORE COMPLETING THE APPLICATION**

This Valley of the Sun YMCA does not discriminate in the recruitment, hiring and conditions of volunteering 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 become a volunteer.

**Personal Information**

Name:		Date:	
Address:	City:	State:	Zip:
Phone:	E-mail address:		

**General Information**

Area(s) of interest:		Preferred location:	
Have you ever volunteered for a YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	When?	
*Answering yes to the following question does not constitute a bar to volunteer work. Have you ever pled guilty to, or been convicted of, a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain below.)			
Describe any volunteer work and/or other experience which you consider relevant to your ability to perform this job (i.e. sports, babysitting, coaching, exercise, etc.).			

**References – Please include three.**

Name	Title	Relationship to you	Phone Number	How long have you known this person?

## Volunteer Applicant Statement

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 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 employment.

I will comply with all rules and regulations as set forth in the Valley of the Sun YMCA's policy manual or other communications distributed to volunteers.

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

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

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

Signature of Applicant:

Date:

# VOLUNTEER INFORMATION FORM

**VOLUNTEER INFORMATION** (Please print clearly and complete all questions.)

Last Name:	First Name:	MI:
Street Address:		
City:	State:	Zip Code:
Telephone Number:	E-Mail Address:	

## ETHNICITY

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hispanic or Latino                        | <input type="checkbox"/> White           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Native American | <input type="checkbox"/> Two or more races         |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other           |  |

## MARITAL STATUS

- |                                 |                                  |                                |
|---------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Other |
|---------------------------------|----------------------------------|--------------------------------|

## GENDER

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

## EMERGENCY CONTACT INFORMATION

Contact Name:	Relationship:	Phone Number:
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\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Valley of the Sun YMCA  
Employee and Volunteer Telephone Reference Form

Employee/Volunteer Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Name of employee conducting reference: \_\_\_\_\_

Hello, I am **<your name>** with the YMCA. **<Employee/Volunteer Name>** has given us your name as a reference to verify his/her character and ability to work in the YMCA. This call will be kept confidential and used only to determine **<Employee/Volunteer Name>** ability to work in the area that he/she has requested.

**<Employee/Volunteer Name>** will be working in **<dept. name>** department as a **<job title>**. He/she will be working with children and adults. If you have time, I would like to ask you a few questions to help us determine their potential success with this program.

	Reference #1	Reference #2	Reference #3 (Family Member)
Name of reference (One must be most recent supervisor. Prefer two supervisors.)			
Reference's phone number			
Date of call			
Employment dates: How long have you known <b>&lt;Employee/Volunteer Name&gt;</b> ?			
What is your relationship with <b>&lt;Employee/Volunteer Name&gt;</b> ?			
Company name and position of <b>&lt;Employee/Volunteer Name&gt;</b>			
The applicant may be working around children. Do you see this as an appropriate position for <b>&lt;Employee/Volunteer Name&gt;</b> ?			
On a scale of 1-5 (5 is best, how would you rate <b>&lt;Employee/Volunteer Name&gt;</b> work performance?)			
Is there any other information you'd like to share that will help us assess capabilities?			
Is she/he eligible for rehire?			

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VALLEY OF THE SUN YMCA**  
**Pre-Employment and Volunteer Inquiry Authorization Release**

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In connection with my application for employment or to volunteer, I understand and agree that you may request information through a third party from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background and other past experiences.

I acknowledge that a fax or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
<b>Address</b>	<b>Driver's License Number and State Issued</b>	
<b>Social Security Number</b>	<b>Date of Birth</b>	<b>Gender</b>
<b>Former Names (if applicable)</b>		
<b>Applicant's Signature</b>		