



Shasta Family YMCA Volunteer Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We appreciate your interest in volunteering at the Shasta Family YMCA. Please complete the application in its entirety and return to the Shasta Family YMCA. You will be contacted to discuss your interests and availability. If you have any questions, please contact Sheri Richmond at (530) 246-9622 or srichmond@sfmca.org.

Name _____ Are you 18 years or older? Yes No

Address _____

Phone # _____ Email _____

Volunteer Areas of Interest:

_____ Onsite Child Watch	_____ Onsite Program Classes	_____ Office / Admin Work
_____ Offsite Afterschool Program	_____ Member Services/Greeter	_____ Fundraising
_____ Offsite Preschools	_____ Fitness / Health & Wellness	_____ Special Events
_____ Facilities / Grounds keeping	_____ Other / Explain _____	

Please indicate days and times you are available (please be specific):

MON	TUE	WED	THU	FRI	SAT	SUN

How many days/week do you wish to volunteer? _____

How many total hours/week do you wish to volunteer? _____

What age groups do you prefer to work with? 0-5 years 6-12 years 13-18 years Adults Seniors

Do you have any physical limitations that we need to know about for safety purposes? Yes No

Please explain _____

Have you ever plead guilty to, or been convicted of a crime? Yes No

Please explain _____

Shasta Family YMCA conducts criminal background checks on all volunteers 18 years and older.

Have you lived in California for more than five consecutive years? Yes No

If no, please list previous locations and dates _____

Tell us why you wish to volunteer for the Shasta Family YMCA (are you fulfilling a requirement?) _____

Have you ever been a member or part of a program at the Shasta Family YMCA? YES NO

If yes; when or what program _____

Please list any friends or relatives that are employed at the Shasta Family YMCA _____

Circle highest level completed in each	Elementary School								High School				College				<input type="checkbox"/> Graduate School
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	<input type="checkbox"/> Trade School
List areas of focus of study or interest																	
List any certifications you have received																	
List any other relevant training or skills																	

Please list any volunteer or work history in the past 5 years:

Organization _____ Job Title _____
 # of months _____ employed / volunteered (circle one) Location _____
 Summary of duties: _____

Organization _____ Job Title _____
 # of months _____ employed / volunteered (circle one) Location _____
 Summary of duties: _____

Organization _____ Job Title _____
 # of months _____ employed / volunteered (circle one) Location _____
 Summary of duties: _____

Please list 3 references you have known for at least one year:

Name _____ Phone _____ Email _____
 Name _____ Phone _____ Email _____
 Name _____ Phone _____ Email _____

I certify that the information on this application is true, complete and correct. Misrepresentation on this application would be cause for dismissal. I authorize Shasta Family YMCA to perform necessary background checks to determine my qualifications for volunteer work and the safety of the YMCA participants and programs.

Applicant Signature _____ Date _____

If the person applying as a volunteer is under the age of 18, a parent/guardian must sign below. Signature indicates that the application is made with full approval on parent/guardian part.

Parent Signature _____ Date _____
 Printed Name _____ Phone _____

Office Use Only:

