

# West Morris Area YMCA

## **Volunteer Application**

Our Mission
The West Morris Area YMCA is a charitable, non-profit organization, dedicated to the development of mind, body and spirit. We provide physical, educational and social programs and services which meet the needs of our community in a manner which is both fiscally and socially responsible.

Position(s) being applied for:	** Notice to Applicants **				
		The YMCA maintains child abuse and/or s	s a "zero tolerance" for ubstance abuse.		
We consider each application without regard to religious creed, national origins, sexual orientation	Criminal background check and other federal or state screenings for child abuse will be conducted.				
mental illness, handicap, disability, marital statu protected status pursuant to relevant federal, st Reasonable accommodations will be made for a and qualified new hires.	Screening tests for alcohol and illegal drug umay be required before hiring and during employment.				
Please type or print. Applic	ation must be completely	filled out in order to be co	nsidered.		
Personal Data	Hama Dh				
Name Home Ph					
Address Cell Phor					
City					
Email Address					
Previous residence (Address, City, State, Zip):_					
Previous residence (Address, City, State, Zip):_					
Previous residence (Address, City, State, Zip):					
Have you previously worked/volunteered for YMCA Name & Address		-			
Are you 18 years of age or older? ☐ Yes	No If not, you will	be required to furnish working pa	apers upon hire.		
Do you have any pending charges or have yo offense, drunk driving offense or other violat sealed by a court?  □ No □ Yes, detail	cion of law? Do not includ				
Offenses against persons or family, or public  □ No □ Yes, detail					
Answering "yes" to these questions does relation to the position sought.	not constitute an automa	itic bar to employment but	will be considered in		
Employment/Volunteer Availability What type of position are you applying for:	Full timeRegula	r Part-timeSeasonal	Other (Volunteer)		
When are you available? (check all that apply Days	/) Available start Evenings Late I		 Weekends		
MorningsDays	tate i	-veiiiigs	_vveekellus		
Any restrictions to work hours?					

#### Volunteer History

What are your interests?				
What are your talents or skills?				
Employment & Volunteer History				
Employer Telephone	Dates Employed To	Summarize the type of work performed and job responsibilities		
Starting job title/Final job title				
Immediate supervisor and title				
Reason for leaving				
Employer Telephone () Address	Dates Employed From To	Summarize the type of work performed and job responsibilities		
Starting job title/Final job title				
Immediate supervisor and title				
Reason for leaving				
Employer Telephone	Dates Employed			
Address	From To	Summarize the type of work performed and job responsibilities		
Starting job title/Final job title				
Immediate supervisor and title				
Reason for leaving				

### Non-employment Record

Include explanation of all lapses in employment on preceding page.

From		То			Reason					
Mo.	Yr.	Mo.	Yr.							
Mo.	Yr.	Mo.	Yr.							
Mo.	Yr.	Mo.	Yr.							
Mo.	Yr.	Mo.	Yr.							
Education										
School Name & Address			-	r Course or				Diploma/Degr	ee	
(high sch	(high school, college, trade)		Degree Program			Received				
Name			Pho	ne Nun	nber & Email	Addr	ess	Relatio	nship to you	Years Known
2.										
3.										
	nformation current CPR c	ertification?	□Yes Expiratio	on:	□No		□ v	ow did you find us? (if applicable  Walk-in  Job Fair Which One?		licable)
Do you hold certification	current first a	aid	☐Yes Expiration	on:	□No		□R	/eb Page eferral dvertise		
Do you hold certification	current lifegu ?	arding	☐Yes Expiratio	on:	□No		☐ R	elative mployee		
ther relevar	t certification	s held:								
Туре:							Exp	iration:		

Expiration:\_\_\_\_\_

Type: :\_\_\_\_\_

# **Applicant Statement**

l certify that all information I have provided in order to apply for and secure work wand I understand that any information provided by me that is found to be false, is sufficient cause to (i) cancel further consideration of this application, or (ii) immediates discovered.	ncomplete or misrepresented in any respect, will be
I expressly authorize, without reservation, the YMCA, its representatives, enfrom all references (personal and professional), employers, public agencies, licotherwise verify the accuracy of all information provided by me in this application, I hereby waive any and all rights and claims I may have regarding the YMCA, its agathering and using such information in the employment process and all other prinformation about me. I am aware that I have the right to make a written request formay be ordered.	censing authorities and educational institutions and to , resume or job interview. agents, employees or representatives, for seeking, persons, corporations, organizations for furnishing such
I understand upon offer of employment, the YMCA will conduct a criminal backg as a child abuse registry check and I am subject to random, accident follow-up screening contingent on employment.	
am not a child molester, abuser or pedophile; and have not been accused of be	eing a molester or abuser. Initial
I understand that the YMCA does not discriminate in hiring or employment on the national origin, sex, ancestry, or age; or on the basis of a handicap not limit gob available. The YMCA will give this application every reasonable consider commitment of employment to the applicant.	ting the applicant's ability to perform satisfactorily the
understand that this application remains current for only 60 days. At the conclustill wish to be considered for employment, it may be necessary to reapply YMCA is employment at will which means that employees may end their employ (the YMCA) may terminate employees at any time for any reason, with or without Initial	and fill out a new application. Employment with the ment at any time, for any reason; and that the employer
I understand that if I am hired, I will be required to provide proof of identity and federal immigration laws require me to complete an I-9 Form in this regard, and all terms of the foregoing applicant statement.	•
Do not sign until you have read and initialed the above statements	
Signature of Applicant	Date
Signature of Parent if applicant is under 18 years of age	Date
Parent's Name (Please Print):	
FOR YMCA USE ONLY:	
Date Received: Date Contacted:	
Notes/Comments:	