



APPLICATION FOR VOLUNTEER OPPORTUNITY

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them we wouldn't be able to meet the needs of the kids, families, and adults who live on the North Shore. At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we are asking you to take a few minutes to fill out this application. It will help us to begin making the right match between your skills and interests and the opportunities available. You may mail, fax, e-mail or drop off your completed application to:

Greater Lynn YMCA
20 Neptune Blvd
Lynn, MA 01902
info@lynnymca.org
Phone: 781-581-3105
Fax: 781-581-7397

Our Mission

The Greater Lynn YMCA, as a community-based organization with a commitment to service to the community, will utilize its staff, volunteers and facilities to respond to community and individual needs by providing quality recreational, social and education experiences in a Judeo-Christian atmosphere for everyone regardless of sex age, nationality, religious belief or income level.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Home Phone No. ()
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Work Phone No. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	

VOLUNTEER OPPORTUNITY DESIRED

Area of Interest: <input type="checkbox"/> Aquatics <input type="checkbox"/> Child Care <input type="checkbox"/> Health & Fitness <input type="checkbox"/> Youth <input type="checkbox"/> Other	Date available:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever volunteered or worked for the YMCA before? If yes, please specify date, branch and department. <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
Do you have friends or relatives currently volunteering or working for the YMCA? If yes, Please list name, branch and department. <input type="checkbox"/> YES <input type="checkbox"/> NO _____	
How did you hear about our volunteer opportunities: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (Please identify source below)	
Name of employee:	
Position and location of employee:	

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended		Graduate?	What Degree	
	From	To	(Yes/No)		
Elementary					
High School					
College/University					
Other					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master					
Please list all current certifications, job related skills, and/or related training experiences					
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachments, if applicable.					

REFERENCE DATA

PLEASE PROVIDE INFORMATION FOR THREE INDIVIDUALS WHO ARE NOT RELATIVES THAT WE MAY CONTACT.

Name	Relationship	Address	Phone	Years Known

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		PERSONNEL USE ONLY	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)			May we contact? Yes__No__
Job Title-Start	Job Title-Final		
Supervisor (Name & Title)			
Description of Job Duties			
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)			May we contact? Yes__No__
Job Title-Start	Job Title-Final		
Supervisor (Name & Title)			
Description of Job Duties			

PERSONAL INFORMATION

<p>Are you less than 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p>Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)</p> <hr/> <p>Have you ever been convicted for child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:</p> <hr/> <p>Within the last 5 years, have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor other than first convictions for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? If yes, describe in full.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:</p> <hr/> <p>Please note: If you have a sealed record on file with the Commissioner of Probation you may answer "no record" with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior adjudications in all cases of delinquency or as a child in needs of services which did not result in a complaint transferred to Superior Court and resulting in conviction.</p> <hr/> <p>The Criminal History Systems Board and Security Privacy Council certified the YMCA for access to conviction concerning present data and prospective volunteers who will have the opportunity for contact with children.</p> <hr/> <p style="text-align: center;">My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Volunteer Applicant Signature</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date of Application</div> </div>
