



VOLUNTEER APPLICATION YMCA OF SAN DIEGO COUNTY

The YMCA of San Diego County is an Equal Employment Opportunity Employer dedicated to employing a diverse workforce.

Please answer all questions completely.

FIRST NAME		LAST NAME		INITIAL
POSITION DESIRED		BRANCH NAME		DATE
PERMANENT ADDRESS			CITY/STATE/ZIP	
HOW LONG AT THIS ADDRESS?	TELEPHONE	EMAIL ADDRESS		OTHER STATES LIVED IN DURING PAST 10 YEARS
HAVE YOU EVER WORKED FOR A YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, YMCA NAME AND ADDRESS:		DO YOU HAVE ANY RELATIVES WORKING FOR THE YMCA? IF SO, PLEASE LIST NAME(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AT LEAST 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR OBTAINED YOUR EDUCATION		
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? IF YES, STATE LOCATION, DATE AND DESCRIPTION, EXCEPT FOR OFFENSES PERTAINING TO MARIJUANA MORE THAN TWO YEARS AGO <input type="checkbox"/> YES <input type="checkbox"/> NO				

REFERENCES

1 RELATIVE, 2 OTHER

NAME	EMAIL ADDRESS	CITY/STATE/ZIP	TELEPHONE	OCCUPATION

ACKNOWLEDGEMENT

- I certify, under penalty of perjury, that all of the above information is true and complete and I understand that any misrepresentation, falsification or omission of information may result in the denial of appointment or, if hired, may result in termination.
 - I authorize the Association to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications. I further authorize the listed employers, schools, and personal references to give the Association (with or without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have. In addition I hereby release the YMCA, my former employer, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising on or any way related to such investigation or disclosure.
 - I expressly agree and understand that my appointment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the Association or me). I also understand that this aspect of my appointment which includes the Association's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the President of the Association.
 - I acknowledge that I have read all the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Association and set forth the complete agreement between me and the Association regarding these matters.
 - The YMCA takes seriously the protection of the children involved in its programs. To help assure the safety of children the YMCA follows a comprehensive hiring protocol for volunteer and paid staff, including thorough interviews and reference checks, criminal background screening through the California Department of Justice and Federal Bureau of Investigation, and review and acceptance of the YMCA Code of Conduct.
- As part of this protocol, questions about past abuse and/or abusive behavior will be asked of each applicant and reference. By signing this application, I agree that the information I give now and as part of the hiring process shall be true, complete, and accurate.

Signature _____

Date _____

VOLUNTEER DEMOGRAPHICS SURVEY

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) |
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian (not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> Black or African American (not Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| | <input type="checkbox"/> White (not Hispanic or Latino) | <input type="checkbox"/> Other (please specify:) _____ |