



## YMCA of the Coastal Bend Volunteer Application

Name:				
Current Address:				
City:		State:		Zip Code:
Email:		Home Phone:		Cell Phone:
Are you 18 years of age, or over? YES _____ NO _____				
Are you authorized to work in the United States? YES _____ NO _____ If you are hired you will be required to furnish proof of your employment eligibility.				
Other names used:				
List Last 2 Previous Addresses				
Previous Address:			City:	State:
Previous Address:			City:	State:
GENERAL INFORMATION				
Position Desired:				
Date Available:		If volunteering for seasonal work, are you available to work during the school term? YES _____ NO _____		
Have you ever plead guilty to, or been convicted of, a criminal offense? YES _____ NO _____				
EDUCATION				
HIGH SCHOOL:	CITY AND STATE	DATES	GRADUATED?	DEGREE
COLLEGE:	CITY AND STATE	DATES	GRADUATED?	DEGREE
OTHER	CITY AND STATE	DATES	GRADUATED?	DEGREE

Are you presently in school? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give expected completion date \_\_\_\_\_

**REFERENECEES**

Current or Last Employer:			Employed from	to
Address:			Final Pay:	
City:	State:	Zip:	Phone #:	
Direct Supervisor:		Reason for Leaving:		
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
May we contact this employer while we are considering your application? YES ___ NO ___				
Next Employer:			Employed from	to
Address:			Final Pay:	
City:	State:	Zip:	Phone #:	
Direct Supervisor:		Reason for Leaving:		
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
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Direct Supervisor:		Reason for Leaving:		
Briefly describe your responsibilities:				
Any experience with children? YES ___ NO ___			If yes, describe:	
Any experience supervising staff? YES ___ NO ___			If yes, describe:	
May we contact this employer while we are considering your application? YES ___ NO ___				

**SPECIAL SKILLS**

<u>Certifications:</u>	<u>Expiration Date:</u>	<u>Location Taken:</u>	<u>Office Skills:</u>
First Aid			Typing: WPM
CPR			Software: (List programs)
WSI			
Life Guard			Other Office Machines:
Other			

Describe any volunteer work, other experience, interest, training, or honors received in connection with your service to any organizations, which you consider relevant to your ability to perform the job sought.

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**Describe any non-employment activities that might strengthen your application:**

**List any sports or hobbies you have participated in (past or present) that you believe are relevant to the position(s) applied for:**

Why do you want to volunteer and care for children? What age group do you prefer to volunteer with? Why?

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What is your philosophy about discipline?

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Other than through employment how are you involved with children?

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**Circle One: Fitness Directors    Aerobics/Exercise Instructor    Membership Service Center    Other:**

Why have you applied to volunteer?

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