

GREATER JOLIET AREA YMCA
VOLUNTEER APPLICATION

Branch: Avery Galowich Metro Office Morris Smith



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUR CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

TELL US ABOUT YOURSELF

Occupation: _____

Employer: _____

Hobbies/Interests: _____

For High School Volunteers Only

Name of School: _____ Grade: _____

VOLUNTEER INTERESTS

How were you referred to the YMCA? YMCA Member: _____ YMCA Volunteer: _____
 YMCA Staff: _____ Friend/Family Member
 Internet/Social Media/Newspaper Other: _____

Are you looking to complete court-mandated community service hours? Yes No
If yes, how many hours: _____

What days are you available to volunteer? (Please select all that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day are you available to volunteer? (Please select all that apply)
 Mornings (9 a.m.-Noon) Afternoons (1-4 p.m.) Evenings (5-8 p.m.)

REFERENCES

Youth volunteers, grades 9-12, must also submit one letter of recommendation from a non-family member. (I.e. teacher, coach, pastor, etc.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



VOLUNTEER AGREEMENT

- I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.
- I give my permission to the YMCA to use all photos, videos, voice, and images taken of me both in print and on the internet for the purposes of promoting YMCA programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work with in the publicity of their programs.
- I understand that the Greater Joliet Area YMCA is a drug and alcohol free environment and that volunteering is contingent upon passing a criminal background check. I hereby authorize investigation of all statements contained in this application and on the background check request.
- I specifically assume all risks of injury arising out of my presence on or about the premises, or my use of or intended use of equipment or facilities, or my participation in the activities of the YMCA (an Illinois chartered not-for-profit corporation) on or about the premises or at another location.
- I waive, release, and forever agree to hold free from all claims for liability or damages arising out of, or in connection with my participation in YMCA activities and/or use of YMCA facilities, the Greater Joliet Area YMCA, and its respective officers, Trustees, Board of Directors, members, employees or agents.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Required for youth volunteers, grades 9-12, only

I have reviewed my child's application and certify that all the above information is accurate to the best of my knowledge.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reference Checks

1. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

2. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

3. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

VOLUNTEER REFERENCE CHECK COMPLETED BY:

Name: _____

Signature: _____ Date: _____

Background Check completed

Letter of recommendation on file (youth in grades 9-12 only)