



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHERIDAN COUNTY YMCA Junior Volunteer Application: Ages 12-17

Date: _____

Name _____
(Last) (First) (Middle)

Address _____

City _____ ST _____ Zip _____

Phone: Cell _____ Home _____

Emergency Contact: _____ Phone: _____

Have you ever volunteered at a Y? Yes No If yes, in what capacity? _____

What volunteer opportunities interest you? Check all that apply.

- Spend time with family Give back to the community Meet people
 Volunteering is a requirement (How many hours _____) Other
 Court ordered School Other

In what area do you see yourself volunteering? Check all that apply.

- Special Events Aquatics Youth Sports Arts
 Childcare Camp Youth Activities
 Other (be specific) _____

What particular skills, talents or interests would you like to share with us? _____

Availability: Special Events Seasonal Call When Needed Varies

Please circle the days and list the times you prefer to volunteer:

Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____ Sun _____

Background:

Have you ever been convicted of a criminal offense? ___yes___no If yes, what was the offense and when did it occur? _____

References:

Please list a teacher and a family member reference, both of whom you have known for at least 2 years and who know you well enough to provide us with a reference.

1. _____
Name Relationship to you

Address Phone Number

2. _____
Name Relationship to you

Address Phone Number

Statement of Volunteer Applicant

In the event of my volunteering for the Sheridan County YMCA, I will comply with all policies set by the organization. I authorize the Y to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered to volunteer. I understand that the Sheridan County YMCA does not condone child abusers or bullies.

Name _____
(Last) (First) (Middle)

Birth Date _____ Race _____ Gender _____

Social Security Number _____ Driver's License No. _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered as a volunteer.

Applicant's signature

Date

Parent's or guardian's signature

Date