



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westport Weston Family YMCA VOLUNTEER APPLICATION

Thank you for considering the Westport Weston Family YMCA as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the children, families, and adults who live in our community.

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're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available. You will find questions on this form about your background, residences, and places of employment. We hope you'll understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the Westport Weston Family YMCA.

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our Volunteer application process, please contact our HR Department.

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

How long have you been at this address? _____

Email Address: _____

Social Security Number _____ - _____ - _____ DOB _____

Are you 18 years of age or over? Yes No (If no, have your parent/guardian sign the application, too)

Emergency Contact Information

Name _____
(First) (Last) (Relationship)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Work History: (Please include last 7 years)

Current Employer: _____ Date: From _____ To _____

Position: _____ Supervisor Name: _____

Previous Employer #1: _____ Date: From _____ To _____

Position: _____ Supervisor Name: _____

Previous Employer #2: _____ Date: From _____ To _____

Position: _____ Supervisor Name: _____

Previous Employer #3: _____ Date: From _____ To _____

Position: _____ Supervisor Name: _____

Education:

High School: _____ Graduated: (please circle) Yes or No

Dates Attended: From _____ To _____

College/University: _____ Graduated: (Please circle) Yes or No

Dates Attended: From _____ To _____

Graduate School: _____ Graduated: (Please circle) Yes No

Dates Attended: From _____ To _____

Volunteer History:

Name of Organization: _____ Date(s) From _____ To _____

Volunteer Role (Describe your duties) _____

Name of Organization: _____ Date(s) From _____ To _____

Volunteer Role (Describe your duties) _____

Volunteer Screening Questions:

Please describe your experience working with children:

What age group do you prefer working with?

What do you do when you are upset or angry about something?

What is your philosophy on discipline?

NOTE: The Westport Weston Family YMCA conducts background checks on all volunteers!

References

Please provide people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

*We perform online reference checks via Checkster as part of our recruiting process. We ask that you take this opportunity to show us what sets you apart from other candidates. You will soon receive an email inviting you to register with Checkster online. Once registered, the system will prompt you to invite at least 3 references: (2 professional and 1 personal) NOTE: Your personal reference can be a family member, but not a parent or child.

*We would like this process to take no longer than 48 hours, so please make sure your references respond within this timeframe.

If accepted as a Westport YMCA Volunteer, I will complete a Membership Application (if applicable), read and agree to the Member Code of Conduct, sign the Liability and Photo Release, abide by the Westport Y Personnel Policies, and agree to a Background Check.

I certify that the information provided in this application is accurate and complete.

I understand that misrepresentation or omission of facts in connection to my application for volunteering at the Westport Weston Family YMCA will be grounds for rejection and dismissal from my volunteering.

Your signature _____ Date _____

Parent's or guardian's signature _____ Date _____

Only if volunteer is under 18 years old

The Y: We're for youth development, healthy living, and social responsibility.

**Westport Weston Family YMCA VOLUNTEER WORKERS COMPENSATION
ACKNOWLEDGEMENT**

*PLEASE READ CAREFULLY BEFORE SIGNING

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the Westport Weston Family YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Connecticut Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE Westport Weston Family YMCA.

Printed name of Volunteer	Signature of Volunteer	Date
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IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of the Westport Weston Family YMCA and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Connecticut Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE Westport Weston Family YMCA.

Both Parents/Guardians must sign:

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
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Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
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Printed name of Volunteer	Signature of Volunteer	Date
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For Office Use ONLY:

- WC Release
- Authorization for Background checks
- Emergency Info
- Photo ID

Approvals

Supervisor Print Name _____ Date_____

Supervisor Signature _____ Date_____

Human Resources Print Name _____ Date_____

Human Resources Signature _____ Date_____