



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Greater Bergen County Volunteer Application

YMCA of Greater Bergen County, 360 Main Street, Hackensack, NJ 07601 / 201-487-6600 / info@ymcagbc.org

Please type or print.

Date \_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Are you currently a YMCA Member? \_\_\_\_\_ Family / Friends who are members? \_\_\_\_\_

## VOLUNTEER POSITION AND AVAILABILITY

What do you hope to gain from volunteering? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you volunteering to fulfill a requirement for your school, college, church etc.?

List organization / agency: \_\_\_\_\_ Number of Hours Required: \_\_\_\_\_

Please check the areas in which you would be interested in volunteering:

\_\_\_\_ Youth & Teen Programs      \_\_\_\_ Member Services      \_\_\_\_ Aquatics  
\_\_\_\_ Wellness      \_\_\_\_ Fundraising      \_\_\_\_ Childcare/After School  
\_\_\_\_ Special Events      \_\_\_\_ Other: \_\_\_\_\_

When are you available (check all that apply)? Available start date? \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are there any particular skills, talents, or interests you'd like to share?  
 (ex: CPR, graphic design, leadership, computer knowledge, office skills, certifications )

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What other organizations have you volunteered with? (list organization, dates and position)

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Please list most current employment information. Include organization and position:

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**EDUCATION**

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

**REFERENCES**

List at least three Personal/professional references/persons that know you well and can attest to your abilities and suitability for YMCA

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

Do you hold current CPR certification?      Yes                      No  
 Expiration: \_\_\_\_\_

Do you hold current first aid certification?      Yes                      No  
 Expiration: \_\_\_\_\_

Do you hold current lifeguarding certification?      Yes                      No  
 Expiration: \_\_\_\_\_

How did you find us? <input type="checkbox"/> Walk-in <input type="checkbox"/> Signs at Center <input type="checkbox"/> Web Page <input type="checkbox"/> Referral <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Bergen County Volunteer Center <input type="checkbox"/> Other _____
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**Other relevant certifications held:**

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_ Expiration: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No If no state your age: \_\_\_\_\_

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court.

No  Yes, detail \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to volunteering but will be considered in relation to the position sought.

If you have a disability, what accommodations would you need to perform your volunteer activities?

\_\_\_\_\_

**Background Checks**

It is important that we screen all volunteers, unfortunately at this time the Y cannot incur the cost of background checks, therefore all volunteers (18 years and older) are asked to cover this cost. Background checks are only run after a position is available and accepted.

Fee \$12

CARI Background Check is required for all Childcare and School Age Childcare Employees or Volunteers. Fee \$10.

I certify that all the statements made by me in this application are true. I understand that falsified statements on this application shall be grounds for disqualification from further consideration for volunteer activities and / or dismissal from volunteer work, if accepted. I understand that my volunteer position will be subject to a criminal background check, and I give the YMCA authorization to conduct one.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	MIM # _____
Applicant Interviewed: _____ phone interview _____ in-person interview	
References Verified _____ Background Check Submitted _____	
Applicant assigned position: _____ Yes _____ No	
Department: _____	Position: _____
Volunteer Director's Signature: _____ Date: _____	