



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Northern Lights YMCA Volunteer Application

The Y has volunteer opportunities for people who have needed talents and skills. If you would like to be considered for a volunteer position, Please fill out this application if you are interested in this program. Volunteers must be 16 years of age or older.

Date \_\_\_\_\_

Program Center (*please circle*): Delta or Dickinson

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Volunteer Position(s) Desired (Check):

☐ Aquatics Programs

☐ Fitness

☐ Child Care

☐ Fundraising

☐ Custodial / Maintenance

☐ Other \_\_\_\_\_

☐ Family / Youth Programs/ Youth Sports

Please list any special skills, trainings, qualifications or other relevant experiences

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Please list significant work experience including present employment

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Are you retired? ☐ YES ☐ NO

Have you ever been employed here before? ☐ YES ☐ NO If yes, give date: \_\_\_\_\_

I want to volunteer for a one-time event. ☐ YES ☐ NO

I can volunteer on an ongoing basis. ☐ YES ☐ NO

Availability to volunteer (Days & Times) \_\_\_\_\_

I would like to volunteer \_\_\_\_\_ hours per week.

If this is court-ordered community service, how many hours do you need to do? \_\_\_\_\_

Have you ever been convicted of a crime or are there any felony charges pending against you?

☐ YES ☐ NO If yes, please explain: \_\_\_\_\_

In case of an emergency, we should notify:

Name	Relationship	Phone
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**Give the name of three persons not related to you, whom you have known at least one year.**

Name	City and Phone Number	Employer & Title	Years known

**Applicant's Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**I hereby authorize the Northern Lights YMCA to perform a criminal background check.**

Name: \_\_\_\_\_ Maiden Name/Alias: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Valid Drivers License #: \_\_\_\_\_

**Please Read**

The Northern Lights YMCA will only consider this application for the ninety-calendar day period after its receipt. Should you wish to be considered after the expiration of this period, you should reapply.

The Northern Lights YMCA is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. The YMCA does not turn anyone away due to an inability to pay. Financial assistance is available through our financial assistance program.

***Do Not Write Below This Line***

**To:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Interview by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Placed** \_\_\_\_\_ **Position** \_\_\_\_\_ **Will Report** \_\_\_\_\_ **ICHAT Done** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_