



Clallam County Family YMCA Volunteer Application Form

<p align="center"><u>APPLICANT:</u></p> <p align="center">PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p>	<p align="center">Please present in person Or Mail completed application to: (302 South Francis Street Port Angeles, WA 98362) or fax application to: (360.452.7140)</p>	<p>OFFICE USE ONLY:</p> <p>Date received: _____</p> <p>Reviewed by: _____</p> <p>Copied To: _____</p>
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DATE OF APPLICATION _____

Name _____
Last First Middle

Present address _____
Number Street City State Zip

Telephone () _____ Email _____

How long at current address? _____

Are you under age 18 ___YES ___NO, if "YES", can you provide proof of your eligibility to work? ___YES ___NO

Are you currently authorized to work in the United States? ___YES ___NO. Proof of eligibility will be required upon hire.

VOLUNTEER INTERESTS	AVAILABILITY
Art Aide _____ Office/Admin Support Aide _____ Child Care Aide _____ Play Care Monitor _____ Fitness Center Monitor _____ Teen/Youth Aide _____ Janitorial Aide _____ Youth Sports Aide _____ Live Y-ers Aide _____ Other _____ Membership Services (MSR I) _____	<p><u>Days/hours available to work</u></p> Any _____ Thur _____ Mon _____ Fri _____ Tue _____ Sat _____ Wed _____ Sun _____
	How many hours can you work weekly? _____
	When are you available to start? _____

Volunteer Frequency FULL-TIME PART-TIME SEASONAL TEMPORARY

EDUCATION: THIS SECTION IS OPTIONAL

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION CITY & STATE	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus or Trade School				

OFFICE SKILLS

PLEASE READ CAREFULLY

I authorize investigation of all statements contained on this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the organization permission to contact references, and others, and hereby release the Clallam County Family YMCA from any liability as a result of such contact.

I understand that my volunteerism with the Clallam County Family YMCA shall be contingent on a successful orientation period of ninety (90) days and further that at any time during the orientation period or thereafter, my volunteer relationship with the Clallam County Family YMCA is terminable at will for any reason by either party.

The Clallam County Family YMCA is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for volunteer employment with the Clallam County Family YMCA depends solely on your qualifications.

WE CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL APPLICANTS

Signature of applicant _____ **Date:** _____

Thank you for completing this application and for your interest in our organization.

