



CLIFTON SPRINGS AREA YMCA VOLUNTEER APPLICATION

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of your involvement within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

GENERAL INFORMATION

Name:			
Home Address:			
City:	State:	Zip:	Phone Number:
Email Address:			

WORK PREFERENCE

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Are you legally eligible for employment in the U.S.A.? Yes No

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Volunteer Position Desired _____

Specify days and hours available if part-time: _____

Were you previously employed by, or have you previously volunteered for us? Yes No

If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Have you had any criminal convictions? Yes No

A "Yes" answer will not necessarily disqualify you from consideration.

Please state why you feel you are qualified for this position _____

Americans with Disabilities Act Clarification

With or without reasonable accommodation, can you perform the essential job functions for the position you have applied for? Yes No

EDUCATION

All educational accomplishments that you wish to be considered should be listed here.

High School:	Address:	Dates Attended:	Degree Granted:
College:	Address:	Dates Attended:	Degree Granted:
Other: (Specify)	Address:	Dates Attended:	Degree Granted:

MILITARY SERVICE

Branch: _____ Years Served: _____ Rank: _____

EMPLOYMENT/VOLUNTEER HISTORY

Begin with your present or last job. Include any military service and volunteer activities.
(Exclude groups which indicate race, color, religion, sex, age, national origin or other protected group.)

Position 1	Dates Involved		Job Duties
	From	To	
Address			Reason for Leaving
Job Title	Hourly Rate/ Salary		
Immediate Supervisor	Starting	Final	
Position 2	Dates Involved		Job Duties
	From	To	
Address			Reason for Leaving
Job Title	Hourly Rate/ Salary		
Immediate Supervisor	Starting	Final	
Position 3	Dates Involved		Job Duties
	From	To	
Address			Reason for Leaving
Job Title	Hourly Rate/ Salary		
Immediate Supervisor	Starting	Final	
Position 4	Dates Involved		Job Duties
	From	To	
Address			Reason for Leaving
Job Title	Hourly Rate/ Salary		
Immediate Supervisor	Starting	Final	

REFERENCES

Give the names of three persons not related to you whom you have known at least one year

Name:	Address & Phone:	Occupation	Years Known
Name:	Address & Phone:	Occupation	Years Known
Name:	Address & Phone:	Occupation	Years Known

PLEASE READ AND SIGN BELOW

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT, IF INVOLVED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL MY STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF INVOLVED, MY INVOLVEMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE _____ DATE _____

For Office Use

Starting Date _____ / _____ / _____ Hours/Week _____