



# VOLUNTEER APPLICATION

**Volunteerism is the willingness to help others without the expectation of pay or tangible benefit. Which of the following are you most interested in fulfilling:**

- A school or work requirement # of hours needed: \_\_\_\_\_ by: \_\_\_\_\_
- A college internship requirement # of hours needed: \_\_\_\_\_ by: \_\_\_\_\_
- A community service requirement # of hours needed: \_\_\_\_\_ by: \_\_\_\_\_
- An on-going, scheduled position
- A one-time volunteer project

Questions about volunteering for the Y?  
Contact Simone Kaiser at 541-772-6295  
or [skaiser@rvymca.org](mailto:skaiser@rvymca.org)

## **VOLUNTEER OPPORTUNITIES:**

### **Management**

- Board Member
- Administrative Project

### **Financial Development**

- Fundraising Campaigner
- Grant Writer
- Special Event Helper

### **Facilities**

- Housekeeping
- Maintenance Project

### **Membership**

- Receptionist
- Office Support

### **Aquatics**

- Swim Lesson Instructor
- Water Fitness Instructor

### **Fitness**

- Group Exercise Instructor
- Physical Education Instructor

### **Youth and Teen**

- Youth Center Assistant
- Climbing Gym Attendant

### **Youth Sports**

- Coach, which sport? \_\_\_\_\_
- Referee
- Team Parent

### **Preschool or Afterschool Program**

- Classroom Helper
- Guest Speaker/Instructor (i.e. animals, juggling, special interest career)
- Enrichment Volunteer (i.e. science, foreign language, art, sports)

### **Camp**

- Special Activity Instructor
- Day Camp Counselor
- Resident Camp Counselor (summer)
- RN Nurse (with certification)

**Please mark your interests above and return to the Welcome Center**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a YMCA member?  Yes  No

What days and hours are you available? \_\_\_\_\_

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Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501  
Phone (541) 772-6295; Fax (541) 772-8427; www.rvymca.org

We appreciate your interest in volunteering at the Rogue Valley Family YMCA. All applications are reviewed carefully but submission does not guarantee placement in a volunteer position. Please note that volunteers are not covered by workers compensation insurance.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age groups you prefer to work with: \_\_\_\_\_

Do you have any physical limitations that might prevent you from engaging in physical activities?  NO  YES If yes, explain: \_\_\_\_\_

Why do you want to volunteer for the Rogue Valley Family YMCA? \_\_\_\_\_

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

What are some of the talents or skills you can share as a volunteer? \_\_\_\_\_

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

## REFERENCES

### LIST TWO PERSONAL REFERENCES AND ONE SHOULD BE A FAMILY MEMBER:

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information on this application is true, complete, and correct. I authorize the Rogue Valley Family YMCA to perform the necessary background checks to determine my qualifications for volunteer work and the safety of YMCA participants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the person applying as a volunteer is under the age of 18, a parent/guardian must sign below. Your signature indicates this application is made with your full approval.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND CHECK

**ALL INFORMATION MUST BE COMPLETED. PLEASE PRINT LEGIBILITY IN INK AND SIGN FORM. THIS BACKGROUND CHECK IS ONLY PROCESSED AFTER AN INTIAL INTERVIEW OR CONDITIONAL OFFER.**

Name: \_\_\_\_\_  
*Last First Middle*

Other Alias or Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
*Street City State/Zip*

Previous Address: \_\_\_\_\_  
*Street City State/Zip*

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*month/day/year*

Social Security Number: \_\_\_\_\_

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize the **Rogue Valley Family YMCA**, and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment and/or volunteer service now and, if applicable, during the tenure of my employment and/or volunteer service with the **Rogue Valley Family YMCA**.

I release the **Rogue Valley Family YMCA** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_  
*signature of applicant*

\_\_\_\_\_  
*date*

## FOR YMCA OFFICE USE ONLY. LEVEL OF SCREENING:

Circle one: 1 (none, youth) 2 (sign waiver) 3 (databases) 4 (on-line) 5 (registry)

Authorized by: \_\_\_\_\_

Notes: \_\_\_\_\_