



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
- A college internship requirement
- A community service requirement
- An on-going, scheduled position
- A one-time volunteer project

Number of hours needed: _____

Number of hours needed: _____

Number of hours needed: _____

Questions about volunteering for the Y?
Contact Simone Kaiser at 541-772-6295
or 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? _____

VOLUNTEER APPLICATION

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. Thank you for applying to be a volunteer at the YMCA.

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 INITIAL 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: _____