



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## APPLICATION FOR VOLUNTEER SERVICE

Thank you for considering YMCA of Greater Monmouth County as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of kids, families, and adults who live in our community.

At the YMCA, we know that your time and talent are precious, and we want your experience to be rewarding. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, places of employment, and so on. In order to ensure the safety and wellbeing of the children and families we serve, this information is required to screen all volunteer applicants.

Today's Date: \_\_\_\_\_  
(Month-Day-Year)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_ How long have you been at this address? \_\_\_\_\_

Are you 18 years of age, or over?  Yes  No (If no, please have your parent or guardian sign the application, too.)

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_ Evening: \_\_\_\_\_

### AVAILABILITY

Please list days of the week and time available: \_\_\_\_\_

Weekly?  Yes  No Define period of time: \_\_\_\_\_

**YMCA OF GREATER MONMOUTH COUNTY**

170 Patterson Avenue  
Shrewsbury, NJ 07702

732.671.5505  
info@ymcanj.org

YMCA NJ.org

**Here for all.**

Financial assistance is offered  
based on availability of funds.

**INTERESTS**

How did you learn about volunteer opportunities at the YMCA? \_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you heard about any particular volunteer opportunities that interest you? \_\_\_\_\_  
\_\_\_\_\_

Would you like to talk to someone further about the types of volunteer opportunities which might match your skills, talents, and interests?  
\_\_\_\_\_

Are there any particular skills, talents, or interest you'd like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other organizations have you volunteered for, if any? \_\_\_\_\_  
\_\_\_\_\_

Are you a member of the YMCA? \_\_\_\_\_  
(Membership is not required)

**EMPLOYMENT HISTORY**

Please list your last three employers, starting with the most recent. If in school and have not had formal employment, list experiences that equate to employment, such as babysitting, yardwork, social group or school projects, etc.

**1.** \_\_\_\_\_

Name of Organization	Employed from when to when? (include month and year)
_____	
Address	Telephone
_____	
State job title and describe your work	
_____	
Name and title of immediate supervisor	
_____	

**2.** \_\_\_\_\_

Name of Organization	Employed from when to when? (include month and year)
_____	
Address	Telephone
_____	
State job title and describe your work	
_____	
Name and title of immediate supervisor	
_____	

3. \_\_\_\_\_  
Name of Organization \_\_\_\_\_ Employed from when to when?  
(include month and year)

\_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
State job title and describe your work \_\_\_\_\_

\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_

**MILITARY HISTORY**

Date of entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Branch of Service \_\_\_\_\_ Type of discharge \_\_\_\_\_ Final Rank \_\_\_\_\_

Did you attend service school or receive special training? \_\_\_\_\_

**EDUCATION** Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and location	Course of study	Start and end dates	Did you graduate?	Degree or diploma
High School					
Trade or business					
College					
Other					

Other skills (caring for children, languages, etc.) \_\_\_\_\_

**REFERENCES**

Please list three references, with one being an immediate family member:

I. Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Relationship to you: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
How long have you known this reference? \_\_\_\_\_

Please list the names of any relatives, friends or acquaintances employed by the YMCA and their relationship to you: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If you're under 18)

**FOR YMCA USE ONLY**

Start Date \_\_\_\_\_ Volunteer Role \_\_\_\_\_

Branch \_\_\_\_\_ Department \_\_\_\_\_

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