



**Sarasota Family YMCA, Inc.**  
 One South School Ave  
 Sarasota, FL 34237  
 Phone: 941-951-2916 ext 1050  
 Fax: 941-355-2311

www.sarasota-ymca.org

# VOLUNTEER APPLICATION

*Please Print Clearly*

**Date:** \_\_\_\_\_ **Position Interested in:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

**Phone (Home):** \_\_\_\_\_ **Phone (Work):** \_\_\_\_\_

**(Cell):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_ **# of Years** \_\_\_\_\_

**Profession (former if retired):** \_\_\_\_\_

**Where did you hear about our YMCA and our volunteer opportunities?** At a YMCA Facility

Employee  Friend  Website  Newspaper  Family

Flyer/Brochure  Other \_\_\_\_\_

**Are you a current YMCA Member:** Yes  No  **Do you have friends/relatives currently associated with our YMCA?** Yes  No  \_\_\_\_\_

**What other organizations have you volunteered with and in what capacity?** \_\_\_\_\_

**If you have a disability, what accommodations would you need to perform your volunteer activities?** \_\_\_\_\_

**Have you ever been convicted of a Felony? If Yes, please explain.** Yes  No  \_\_\_\_\_

*(A conviction may be relevant if activity related, but does not immediately prevent your participation)*

**Availability?** Time of Day \_\_\_\_\_ Day(s) of Week \_\_\_\_\_ Times/Month? \_\_\_\_\_

**Education:**  High School  College  Graduate Highest Degree Held \_\_\_\_\_

**Describe any Formal/Informal training you may have had. (Example: Coaches Clinic, First Aid, CPR, PE, Etc.)** \_\_\_\_\_

**Experience working with children/youths/teens:** \_\_\_\_\_

**Special Interests:** Swimming  Arts/Crafts  Tutoring  Reading

Clerical  Teens  Youth Sports  Greeting  Special Events

Other \_\_\_\_\_

Please provide us with two Character References (other than relatives) and if you are employed, also provide two work references. If you are retired or a student, we only require you to supply three Character References.

CHARACTER		
Name	Relationship	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

WORK	
1.	_____
2.	_____

"I hereby certify that the information provided on this application is accurate and complete to the best of my knowledge and subject to verification by the YMCA. I understand that falsified statements on this application shall be grounds for disqualification from further consideration for volunteer activities and/or dismissal from volunteer work, if accepted. I authorize the persons, employers, agencies and other organizations named in this application to provide the YMCA with any relevant information (personal or otherwise) that may be required to arrive at a decision regarding my being selected as a volunteer and hereby release all parties from any and all liability which they might otherwise incur as a result from furnishing same to the YMCA. I understand that certain volunteer positions require the YMCA to do a background investigation which may involve contacting various state/federal agencies. I also understand that I am required to abide by all rules and regulations of the YMCA. I understand that the YMCA maintains all of its facilities as drug free/alcohol free/smoke free and agree to abide by the policies governing same. I understand that, on occasion, photos for YMCA promotional purposes may be taken at the facilities and I give my permission for the use of my/my family's likeness in such promotion. Furthermore, I understand participation in YMCA activities may carry certain risks. Therefore, the undersigned for himself, herself and any personal representatives, executors and administrators, **WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Sarasota Family YMCA, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which I may suffer in connection with my participation in this program or any other activities.

\_\_\_\_\_  
**Volunteer Signature** \_\_\_\_\_ **Date**

Staff Use Only	
References Verified <input type="checkbox"/>	Volunteer Packet Complete <input type="checkbox"/>
Packet sent to Volunteer Coordinator <input type="checkbox"/>	Date: _____

\_\_\_\_\_  
**Staff Member Signature** \_\_\_\_\_ **Date**

*We Build Strong Kids, Strong Families, Strong Communities*

