



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Thank you for considering the **YMCA of the Palm Beaches** as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults throughout Palm Beach County. At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. 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, former residences, and places of employment. We hope you'll understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by our YMCA.

Thank you for both your consideration and cooperation in this effort to discover your involvement with us here at the Y. If you have questions about any part of our application process, please contact Delia Miraglia-Stern, Human Resources at [dmiraglia-stern@ymcapalmbeaches.org](mailto:dmiraglia-stern@ymcapalmbeaches.org) or by phone at **561-968-9622**.

Today's Date \_\_\_\_\_ (Month/Day/Year)

Mr.    Mrs.    Miss    Ms.    Rev.    Dr.    Other

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

Address \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Is this a school or court appointed community service requirement? \_\_\_\_\_

What is your availability? \_\_\_\_\_

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 \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Please list below the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

\_\_\_\_\_

## 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 what kinds of volunteer opportunities might match your skills, talents, and interests? \_\_\_\_\_

\_\_\_\_\_

Are there any particular skills, talents, or interests 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)

## RESIDENCES

Please list your last two addresses (excluding your current address) starting with the most recent:

1. Address \_\_\_\_\_

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

From when to when? \_\_\_\_\_ (include month and year)

2. Address \_\_\_\_\_

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

From when to when? \_\_\_\_\_ (include month and year)

## 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** (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					
College					
Other					

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

**Background**

Please list here any other names you may have used in the past: \_\_\_\_\_

Driver's license number \_\_\_\_\_ Driver's license classification \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No If so, what was it? \_\_\_\_\_

***\*The YMCA of the Palm Beaches conducts background checks on volunteers.***

**References**

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

Please list your last three employers, starting with the most recent:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

2. Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

3. Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

**EMPLOYMENT HISTORY** (Please list your last three employers, starting with the most recent)

1. \_\_\_\_\_  
Name of organization \_\_\_\_\_  
Employed from when to when? \_\_\_\_\_ (include month and year)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
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 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
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 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
State job title and describe your work \_\_\_\_\_  
\_\_\_\_\_  
Name and title of immediate supervisor \_\_\_\_\_

**Your Signature** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_  
(if you're under 18)

**Date** \_\_\_\_\_