



# YMCA of Greater Kalamazoo VOLUNTEER APPLICATION

*Volunteers must be 15 years of age*

**NAME** \_\_\_\_\_  
Last First Initial

**DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street

**PHONE** \_\_\_\_\_  
Home

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

**EMAIL** \_\_\_\_\_

• Are you at least 18 years old? \_\_\_ Yes \_\_\_ No

**BIRTHDATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day

**AVAILABILITY:** What type of time commitment are you planning to make if your application is accepted?

- Total number of hours per week that you are available to volunteer: \_\_\_\_\_
- Desired starting date \_\_\_\_\_ Anticipated ending date (if applicable): \_\_\_\_\_

(Please list times)	MORNING	AFTERNOON	EVENING
<b>SUNDAY</b>			
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			
<b>SATURDAY</b>			

Location Preference: Maple \_\_\_ Portage \_\_\_ Lincoln \_\_\_ Other \_\_\_\_\_

**EXPERIENCE:** Previous volunteer and/or work experience (most recent first)

1. Organization \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
 Job Duties \_\_\_\_\_

2. Organization \_\_\_\_\_ Job Title \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Dates of Service \_\_\_\_\_  
 Job Duties \_\_\_\_\_

**EMPLOYMENT:** Are you currently employed? \_\_\_ Yes \_\_\_ No If yes, please complete:

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

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

May we phone you at work regarding volunteer activities? \_\_\_ Yes \_\_\_ No



**YMCA of Greater Kalamazoo**

**Criminal Background Check Authorization Form**

By signing below, I \_\_\_\_\_, hereby  
Last Name First Name Middle Initial

authorize the YMCA of Greater Kalamazoo to obtain a criminal background check about me and to consider it when making decisions regarding my volunteering at the YMCA of Greater Kalamazoo.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Race: \_\_\_\_\_ White  
\_\_\_\_\_ Black  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Other

Sex: \_\_\_\_\_ Male  
\_\_\_\_\_ Female

Birth Date: \_\_\_\_\_  
Month/Day/Year

Previous Name(s): \_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Last Name First Name Middle Initial

**If you have lived outside of Michigan in the last 10 years you will need to complete a Fair Credit Reporting Act Disclosure and Authorization form.**

*The information given on this form is used to obtain verification of criminal background history only. The information provided on this form by you, the applicant, is not used in consideration for employment.*