



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metropolitan Milwaukee Youth Volunteer Application

Youth Profile

The Definition of a Y Volunteer: *A Y Volunteer is defined as anyone who willingly gives time and service to help the Y accomplish its mission without receiving compensation or special privileges of any kind from the YMCA of Metropolitan Milwaukee.*

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip

Phone: () _____
E-mail _____

Date of birth: _____ Gender: Male Female
Month / day / year

What made you decide to volunteer for the Y?

- Friend , Family Referral Service Hours _____
 Other _____
Please describe

Please briefly explain why you want to volunteer at the Y? _____

EDUCATION: (Please circle grade) 6 7 8 9 10 11 12

School: _____

LOCATION & TIME PREFERENCE:

- Camp Minikani Day Camp Miracle League
 Northside YMCA Northwest YMCA Parklawn YMCA
 Rite-Hite Family YMCA School Age Special Events

AVAILABILITY:

- Do you prefer to volunteer: On a regular basis On a short-term
 One day a week Once a month Twice a month

When are you available to volunteer: Morning Afternoon Evening
 Monday Tuesday Wednesday Thursday
 Friday Saturday Sunday Other _____

PLACEMENT OPTIONS check all that apply:

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Camp (Day Camp, Equestrian, etc.)
<input type="checkbox"/> Child Watch	<input type="checkbox"/> Educational Enrichment
<input type="checkbox"/> Miracle League	<input type="checkbox"/> Member Engagement
<input type="checkbox"/> School Age	<input type="checkbox"/> Special Events
<input type="checkbox"/> Teen Programming	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Youth & Family Programs	<input type="checkbox"/> Other

Previous Volunteer and/or Work Experience:

Employed at:	From: Month/Year To: Month/Year
Volunteered at:	From: Month/Year To: Month/Year
Volunteered at:	From: Month/Year To: Month/Year

Certifications & Trainings:

	From: Month/Year To: Month/Year
	From: Month/Year To: Month/Year
	From: Month/Year To: Month/Year
	From: Month/Year To: Month/Year

References: Please list two references whom you authorize us to contact about your ability to serve as a volunteer (one may be a family member)

Name	Phone #	Relationship

Emergency Contact: Please provide two emergency contact people references who we may contact in the event of an emergency:

Name	Phone #	Relationship

RELEASE STATEMENT

Please read each statement carefully. Youth and Parent /Guardian should initial each individual statement to show your acceptance and understanding.

This agreement is entered into between the **YMCA of Metropolitan Milwaukee** and _____ to govern volunteer services.
(Printed Name)

_____The above named agrees as follows: I am a volunteer for the YMCA of Metropolitan Milwaukee and I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standards Acts. ____
(Parent /Guardian)

_____I understand that an interview may be required prior to my assignment to determine appropriate placement. _____(Parent /Guardian)

_____I also understand that I will need to complete an orientation prior to my assignment as a condition of my placement as a volunteer. _____(Parent /Guardian)

_____I further understand that if I am injured while working for the Y as a volunteer, general liability will be the sole and exclusive remedy for any such injury. _____(Parent /Guardian)

_____I certify that the information in this application is correct. _____ (Parent /Guardian)

_____In consideration of the publicity benefits to me and of my involvement by the YMCA of Metropolitan Milwaukee, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the YMCA of Metropolitan Milwaukee harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.

Signed Name: _____ Date: _____
(Volunteer Signature)

Parent/ Guardian: _____ **Date:** _____
Parent/ Guardian signature required for volunteers under age 18

Please return completed application form to the Member Engagement Desk or mail to Volunteer Opportunities, YMCA of Metropolitan Milwaukee, Association Office, Human Resources, Attn: "Volunteers" 161 W. Wisconsin Avenue; Suite 4000, Milwaukee, WI 53203 or volunteers@ymcamke.org