



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Metropolitan Milwaukee Volunteer Application

### VOLUNTEER 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				
Last Name:	_____	First Name:	_____	
Address:	_____			
	Number & Street	Apt. #	City	State Postal Code
Phone: (H):	_____	(W):	_____	Cell: _____ E-mail: _____
When is the best time to contact you? <i>(Please check one only)</i>				
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Weekends				

Based on the association's needs, the YMCA of Metropolitan Milwaukee offers the following programs, services and activities where volunteer opportunities could exist. Please rank your area of interest (i.e. 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>). Volunteer opportunities may or may not be available for some of these areas.

_____ Aquatics	_____ Board (Center)
_____ Camp (Overnight & Day) & Equestrian	_____ Child Watch
_____ Early Childhood Education	_____ Educational Enrichment
_____ Fundraising (Annual Campaign)	_____ Healthy Living
_____ Member Engagement	_____ Miracle League
_____ Preschool Enrichment	_____ School Age
_____ Special Events	_____ Teen Programming
_____ Youth Sports (Referee, Coaches, etc.)	_____ Youth & Family Programs

Other volunteer interests (not listed above):

Please explain what interests you in becoming a YMCA of Metropolitan Milwaukee volunteer.

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

**Location and Time choice:** visit [www.ymcamke.org](http://www.ymcamke.org) for a center location map

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

When are you available to volunteer:  Morning  Afternoon  Evening

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Do you prefer to volunteer:  On-going  Short-term

How often?  One day a week?  Once a month?  Twice a month?  Other \_\_\_\_\_

**Previous Work / Volunteer Experiences**

Have you previously volunteered or worked with the Y?  Yes  No

Have you previously volunteered with other organizations?  Yes  No If yes, indicate below:

Where: \_\_\_\_\_ Dates \_\_\_\_\_  Paid  Unpaid

Where: \_\_\_\_\_ Dates \_\_\_\_\_  Paid  Unpaid

Where: \_\_\_\_\_ Dates \_\_\_\_\_  Paid  Unpaid

**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

**Current/Previous Employment:**

Organization / Employer:	Location:	Dates:

**References**

Please list three references that have known you for at least three years whom you authorize for contact (one may be a family member)

Name:	Phone Number:	Relationship:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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](mailto:volunteers@ymcamke.org)

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for ending my service.

In the YMCA of Metropolitan Milwaukee's efforts to attract the highest quality volunteer staff, I have been advised that, as part of the application process for volunteer service with the Y, an extensive inquiry will be made concerning my prior employment, character, and any applicable criminal background checks, and I fully consent to and authorize all such inquires.

If the YMCA of Metropolitan Milwaukee accepts my volunteer service, I will comply will all policies set forth in the volunteer handbook and with other policies established by the organization. I authorize the Y to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a criminal history background check.

I understand that it is the Y's policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the Y's obtaining a conviction-only criminal history file search. I understand that the YMCA of Metropolitan Milwaukee does not tolerate child abusers and that the YMCA of Metropolitan Milwaukee will be seeking information in my background related to child abuse.

Name (last, first, middle): _____
Names previously used/name before marriage: _____
Previous Address (if less than 6 months resident at current address): _____
Date of Birth: _____
Social Security Number: _____
Have you ever been convicted of a crime (felony or misdemeanor) and/or do you have a criminal case pending? Yes No
If yes, explain the nature of the crime(s), dates of conviction(s), and state(s) in which convicted. _____

I understand that the YMCA of Metropolitan Milwaukee will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation. I also understand that the Y strongly discourages any fraternization outside Y programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another Y representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for the volunteer service and my volunteer service would be solely "at will", giving either me or the Y the right to terminate my volunteer service at any time without liability or obligation.

Finally, I understand that that the Y does not discriminate based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, age or other legally protected status.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_