



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## VOLUNTEER APPLICATION

YMCA of Metuchen, Edison, Woodbridge and South Amboy  
www.ymcaofmews.org

With a focus on youth development, healthy living and social responsibility, Y volunteers give men, women and children of all ages and from all walks of life the resources and support they need to be healthy, confident, connected and secure. The Y is a nonprofit like no other. Thank you for taking an active role in strengthening your community.

### Notice to Applicants

The YMCA maintains a "ZERO TOLERANCE" for child abuse and/or substance abuse. Criminal background checks and other federal and state screenings for child abuse will be conducted. Screening tests for alcohol and illegal drug use may be required before and during volunteer service.

Branch Location	Child Care Location	Seasonal Camp/Pool Location
<input type="checkbox"/> Edison YMCA <input type="checkbox"/> Metuchen YMCA <input type="checkbox"/> South Amboy YMCA	<input type="checkbox"/> Avenel <input type="checkbox"/> Colonia <input type="checkbox"/> Edison <input type="checkbox"/> Fords <input type="checkbox"/> Metuchen <input type="checkbox"/> Perth Amboy	<input type="checkbox"/> Edison Community Pool <input type="checkbox"/> Camp/Pool Oakcrest • Edison <input type="checkbox"/> Camp Oak Tree • Edison <input type="checkbox"/> Camp Lenape • Piscataway <input type="checkbox"/> Camp Munsee • Metuchen <input type="checkbox"/> Camp SAY • South Amboy

**PERSONAL INFORMATION:** Please print legibly. Application must be completed in full for consideration.

Full Name	Today's Date
Address	Home Phone (    )
City, State, Zip	Cell Phone (    )
E-mail Address	Are you 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes
Emergency Contact Name and Relationship	Emergency Phone (    )
If volunteering as a community service requirement, how many hours are required:	
Have you previously volunteered or were employed at this YMCA or another YMCA? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide dates and YMCA name and address:	
Do you have any physical limitations that preclude you from performing any work you are being considered for? <input type="checkbox"/> No <input type="checkbox"/> If Yes*, what can be done to accommodate your limitations?	
Do you have any pending charges or ever pled guilty or been convicted of a crime, felony, disorderly persons offense, public indecency, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court? <input type="checkbox"/> No <input type="checkbox"/> If Yes*, please explain:	
*Answering yes to the above questions does not constitute an automatic bar from volunteering, but will be considered in relation to the position sought.	

### AREAS OF INTEREST & AVAILABILITY

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Clerical	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Membership Desk	<input type="checkbox"/> Special Events	<input type="checkbox"/> Youth Sports			
<input type="checkbox"/> Art	<input type="checkbox"/> Dance	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Preschool	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Other, list below:			
<input type="checkbox"/> Child Care	<input type="checkbox"/> Fitness	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Seniors	<input type="checkbox"/> Special Olympics				
<input type="checkbox"/> Morning:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	Hours: _____
<input type="checkbox"/> Afternoon:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	Hours: _____
<input type="checkbox"/> Evening:	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	Hours: _____

**EMPLOYMENT & VOLUNTEER HISTORY**

Provide the following information of your current and past employers or volunteer assignments, starting with the most recent (use additional sheets if necessary).

Employer /Organization	Phone Number	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Address (street, city, state, zip)		From /	
Job title		To /	
Immediate supervisor and title			
Reason for leaving			

Employer /Organization	Phone Number	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Address (street, city, state, zip)		From /	
Job title		To /	
Immediate supervisor and title			
Reason for leaving			

Employer /Organization	Phone Number	Dates of Employment Month / Year	Summarize type of work performed and job responsibilities
Address (street, city, state, zip)		From /	
Job title		To /	
Immediate supervisor and title			
Reason for leaving			

<b>HOW WERE YOU REFERRED TO OUR YMCA?</b>			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> School	<input type="checkbox"/> Website	<input type="checkbox"/> YMCA Staff Referral
<input type="checkbox"/> Other _____			

**NON-EMPLOYMENT RECORD**

From		To		Reason
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

**EDUCATION**

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma / Degree / Certificate Received

**SKILLS:** Please summarize special skills or qualifications acquired from employment or other experience.

---



---



---

**CERTIFICATIONS**

- Do you hold current **CPR** certification?  Yes  No Expiration \_\_\_\_\_
- Do you hold current **First Aid** certification?  Yes  No Expiration \_\_\_\_\_
- Do you hold current **Lifeguarding** certification?  Yes  No Expiration \_\_\_\_\_
- Do you hold current **AED/Oxygen** certification?  Yes  No Expiration \_\_\_\_\_

List additional current certifications \_\_\_\_\_

**REFERENCES**

List at least three personal and professional references (including previous employers/volunteer organizations) who can attest to your abilities and suitability for a position at the YMCA. One reference must be a family member.

Name	Address (street, city, state, zip)	Phone Number	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure a volunteer position with the YMCA of Metuchen, Edison, Woodbridge and South Amboy is true, complete and correct, and I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA of Metuchen, Edison, Woodbridge and South Amboy's service, whenever it is discovered.

Initial \_\_\_\_\_

I expressly authorize, without reservation, the YMCA of Metuchen, Edison, Woodbridge and South Amboy, its representatives, employees or agents to contact and obtain information from all personal and professional references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or interview, I hereby waive any and all rights and claims I may have regarding the YMCA of Metuchen, Edison Woodbridge and South Amboy, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial \_\_\_\_\_

I understand upon offer of a volunteer position, the YMCA of Metuchen, Edison, Woodbridge and South Amboy will conduct a criminal background check prior to and during my service as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial \_\_\_\_\_

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initial \_\_\_\_\_

I understand and expressly agree that, if accepted into volunteer service by the YMCA of Metuchen, Edison, Woodbridge and South Amboy, storage areas provided for me (locker, desk, etc.) are open to investigation by our YMCA without prior notice to me.

Initial \_\_\_\_\_

I understand that the YMCA of Metuchen, Edison, Woodbridge and South Amboy does not discriminate in hiring for volunteer service on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA of Metuchen, Edison, Woodbridge and South Amboy will give this application every reasonable consideration. However, in accepting it, the YMCA of Metuchen, Edison, Woodbridge and South Amboy makes no commitment to offer an opportunity for volunteer service.

Initial \_\_\_\_\_

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA of Metuchen, Edison, Woodbridge and South Amboy, and still wish to be considered for volunteer service, it may be necessary to reapply and fill out a new application.

Initial \_\_\_\_\_

I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

**Do not sign until you have read and initialed the above statements.**

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

Signature of Parent if applicant is under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

### FOR VOLUNTEER COORDINATOR USE

Received by \_\_\_\_\_ Date Contacted \_\_\_\_\_

Referred to \_\_\_\_\_ Date \_\_\_\_\_