



VOLUNTEER APPLICATION

Butler County Family YMCA

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

Butler YMCA
339 N. Washington St
Butler, PA 16001
P 724 287 4733

Rose E. Schneider Family YMCA
2001 Ehrman Rd
Cranberry Twp, PA 16066
P 724 452 9122

YMCA Camp/ARMCO Park
341 Centerville Pike
Slippery Rock, PA 16057
P 724 287 4733

APPLICANT INFORMATION

Please fill out entire application in ink.

Last Name	First Name	Middle Initial	Home Phone
Address (street, city, state, zip)			Daytime Phone
Best Time / Place to Contact You			Cell Phone
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Birthday: ___/___/___ <i>Volunteers under 18 years of age will need written permission from parent or legal guardian.</i>			Email Address

Year of Continuous Pennsylvania Residency _____	Have you previously worked or volunteered at this or any other YMCA?
Emergency Contact Name and Telephone Number _____	

Are you looking to fulfill a school requirement for your service? Yes No Number of hours needed _____

If yes, what school _____ Deadline to complete hours _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If yes, please explain: _____

Is this for court ordered community service? Yes No Certain offenses may limit the areas in which you can serve. Please explain offense or attach paperwork: _____

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service.

Days of the Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Any Day Can we contact you when searching for volunteers for various events? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time of Day: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Anytime <input type="checkbox"/> Only times listed below Specific Hours Available: _____ Days/Times Not Available: _____	What program areas interest you? <input type="checkbox"/> Anything/Everything <input type="checkbox"/> Fitness <input type="checkbox"/> Aquatics <input type="checkbox"/> Office Work <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Older Adult <input type="checkbox"/> Child Care <input type="checkbox"/> Preschool <input type="checkbox"/> Family <input type="checkbox"/> Special Events <input type="checkbox"/> Financial Development <input type="checkbox"/> Teens/Youth <input type="checkbox"/> <input type="checkbox"/> Teen Sports
	List specific volunteering you would like to do at the YMCA: _____ _____ _____	



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References

Name	Telephone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that all of the information provided on this Volunteer Application is true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal as a volunteer. I authorize the Butler County Family YMCA to contact and obtain information from all references and to otherwise verify the accuracy of all information I have provided. I understand that to insure the safety of every YMCA members, all YMCA volunteers, who are 18 years and older, are submitted for background clearance checks prior to volunteering.

Signature

Date

FOR YMCA STAFF USE ONLY

Interviewed by _____

Date _____

Department Assigned _____

Supervisor _____

___ PA State Police Certification

___ Volunteer Disclosure Statement

___ Mandated Reporter Training

___ Child Abuse History Certification

___ Child Abuse Prevention
Policy/Procedures

___ Code of Conduct

___ FBI Fingerprint *(If continuous PA resident for less than 10 years)*

___ Reference Check 1

___ Reference Check 2

___ Reference Check 3