



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Minot Family YMCA
3515 16th St NW
PO Box 69
Minot, ND 58702

MINOT FAMILY YMCA VOLUNTEER APPLICATION

Thank you for considering the Minot Family YMCA as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in Minot and surrounding areas.

This application will help us begin to make the right match between your skills & interests and the opportunities available. We reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and others served by the Minot Family YMCA.

If you have any questions about this or any part of our application process, please contact:

Tia Klein, Director of Program Services | 701-852-0141 | tklein@ymcaminot.org

PERSONAL INFORMATION

Date _____ Name _____

Address _____ Last _____ City _____ State _____ Zip _____ MI _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone: Day _____ Evening _____

Are you 18 years of age or over?

Yes No (If no, please have your parent or guardian sign the application, too.)

Have you ever been convicted of a felony, child abuse, or any crimes which would cause concern when working with children?

Yes No If yes, describe in full. _____

EMERGENCY CONTACT

Name _____ Relation _____

Address _____ Last _____ City _____ State _____ Zip _____ MI _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone: Day _____ Evening _____

INTERESTS

- Volunteer led groups Youth Sports Coaching Refereeing Special Events (i.e. Triathlon) Facility & Grounds Clean-up
 Landscaping Service Desk Greeter Training Center Greeter Swim Lessons Day Care /Child Watch Triangle Y Camp
 Rock Wall Other _____

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Are there any specific skills, talents, or interests you'd like to share? _____

What other organizations have you volunteered for, if any? _____

Are you a member of the YMCA? (Membership is not required) Yes No

Would you like to talk to someone further about volunteer opportunities that may match your skills, talents, & interests? Yes No

Education & Training

Educational Background

	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/ Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as volunteer activities and special skills:

Safety & Job Specific Certifications

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

Employment History

List all previous employment starting with the most recent.

Employer	Telephone	<u>Dates Employed (M/Y)</u> From: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address		To: __/__/__	
Job Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor & Title			
Reason for Leaving			
Employer	Telephone	<u>Dates Employed (M/Y)</u> From: __/__/__	Summarize the nature of the work performed and job responsibilities.
Address		To: __/__/__	
Job Title		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor & Title			
Reason for Leaving			

What other business experience, personal experience or training have you had that may have prepared you for this position?

Military History

Date of entry	Branch of Service	Final rank
Date of discharge	Type of discharge	
Did you attend service school or receive special training?		

Personal References

Do not list relatives or past employers

Name	Occupation	Years Known	Email Address	Phone

Please Sign Below

Signature: _____ Date: _____

If under 18:

Parent or Guardian Signature: _____ Date: _____