



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

# CHANGE LIVES CHANGE YOUR COMMUNITY

**EUGENE FAMILY YMCA**  
**Volunteer Application**

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Communication (Circle all that apply):    Email    Call    Text    Mail

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact (Name/Phone Number): \_\_\_\_\_

### **Applicant Identification (optional):**

Information used for statistical purposes only

Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

## VOLUNTEER INFORMATION

Have you ever volunteered at this YMCA? Yes/No    If yes, in what capacity? \_\_\_\_\_

Are you being required to volunteer? Yes/No    If yes, # of hours needed: \_\_\_\_\_ Deadline: \_\_\_\_\_

Name of school/agency/government body requiring service: \_\_\_\_\_

Are you volunteering with a group? Yes/No    If yes, which group? \_\_\_\_\_

### **Skills/Interests I enjoy (circle all that apply):**

- |                            |                               |                    |                            |
|----------------------------|-------------------------------|--------------------|----------------------------|
| Answering phones           | Mentoring children            | home               | Basic maintenance/cleaning |
| Talking to groups          | Mentoring teens               | Sports activities  | Office work                |
| Reading to children        | Connecting people             | Motivating others  | Working with kids          |
| Teaching                   | Organizing supplies/materials | Running/triathlons | Working with teens         |
| Meeting new people         | Event planning                | Recruiting others  | Working with adults        |
| Building healthy community | Group Exercise Ambassador     | Team building      | Working with seniors       |
| One time events            | Support I can provide from    | Leadership         | Artistic/Creative projects |

Do you have any specific/specialized skills or areas you'd like to volunteer in/with? If so, what?

Please tell us about why you want to volunteer with the Y and what you are hoping to achieve:

---

---

---

---

---

---

---

Please tell us what your availability is (days of the week and hours):

Do you have any of the following trainings/certifications?

First Aid/CPR                      Yes/No                      Expiration date:

Food Handlers                      Yes/No                      Expiration date

Recognizing/Reporting Child Abuse                      Yes/No

Oregon Criminal Background Check                      CRC#: \_\_\_\_\_                      Expiration Date

## REFERENCES

Please provide us with three references that you have known at least one year whom you authorize us to contact.

Name	Contact Info (phone and email)	Relationship	Years known

## BACKGROUND CERTIFICATION

Because the Eugene Family YMCA strives to provide a safe environment for all, I understand that the YMCA requires all persons over 18 years of age to pass a criminal background check before being permitted to volunteer. I am over 18 years of age: Yes/No

If yes, I agree to obtain this and provide proof to the volunteer coordinator before beginning my duties. Initials: \_\_\_\_\_

## SIGNATURE

Applicant signature and date: \_\_\_\_\_

If applicant is under 18, parent/guardian signature and date: \_\_\_\_\_