



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF METROPOLITAN MILWAUKEE

VOLUNTEER APPLICATION

The Definition of a Y Volunteer: A YMCA 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 organization.

Please return completed application to Member Engagement Desk or mail to YMCA of Metropolitan Milwaukee, Association Offices, Attn: Volunteers, 161 W. Wisconsin Ave., Ste. 4000, Milwaukee WI, 53203 or email to volunteers@ymcamke.org

PERSONAL INFORMATION

Last Name: _____ **First Name:** _____

If under 18, Guardian Name: _____

Address: _____ **City, State, Zip:** _____

Length at Residence: _____ **Birthdate:** ____/____/____

Male Female
 Transgender

Gender: _____ Prefer not to answer **Education:** Middle School High school College

Phone Number: _____ **Email:** _____

If Under 18, Guardian Phone Number: _____

Preferred Contact: Phone Email

Preferred Contact Time: Morning Afternoon Evening Weekends

AVAILABILITY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____	_____	_____	_____	_____	_____	_____

Duration: On-going Short-term

How Often: One day a week Once a Month Twice a month _____ Other

Preferred Location: Camp Minikani Miracle League Rite-Hite Northside Parklawn

Northwest Downtown School Age Day Camp Special Events Early Childhood Ed.

AREAS OF INTEREST

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, 2 and 3). Volunteer opportunities may or may not be available for some of these areas. All choices with an asterisk are licensed YMCA programming.

___	Aquatics	___	Board (Center)
___	Camp (Overnight, Day or Equestrian)*	___	Child Watch
___	Early Childhood Education*	___	Educational Enrichment
___	Fundraising	___	Healthy Living
___	Member Engagement	___	Miracle League
___	Preschool Enrichment	___	School Age*
___	Special Events	___	Teen Programming
___	Youth Sports (Referee, Coaches)	___	Youth & Family Programs
___	Approved Vocational Service Organization (Goodwill, Adonai, Curative, etc.)		

Other: _____

Why are you interested in becoming a volunteer at the YMCA: _____

PREVIOUS WORK AND VOLUNTEER EXPERIENCE

Have you previously volunteered or worked at the Y? ___ No ___ Yes

Have you previously volunteered with other organizations? ___ No ___ Yes, please specify

Organization: _____ **Dates:** _____ ___ Paid ___ Unpaid

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PREVIOUS AND CURRENT WORK EXPERIENCE

Organization: _____ **Dates:** _____

Organization: _____ **Dates:** _____

REFERENCES

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

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

EMERGENCY CONTACT

Name: _____ **Phone:** _____ **Relationship:** _____

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 with 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.

BACKGROUND CHECK INFORMATION

Name previously used/before marriage: _____

Social Security Number: _____

Disclaimer: Anyone under the age of 18 volunteering in licensed program must provide their social security number

Have you ever been convicted of a crime (felony or misdemeanor) or have a charge pending?

No Yes, please explain the nature, state and date of conviction: _____

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:** _____

If Under 18, Signature of Guardian: _____ **Date:** _____