



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GIVE TIME CHANGE LIVES VOLUNTEER

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## *Application for Y VOLUNTEER OPPORTUNITY*

**Thank you** for offering your time and talents as a volunteer!

At the YMCA, volunteers are *vital* to helping us meet the needs of the people who live on the North Shore. We truly value your time and talents and we want every minute you spend with us to be rewarding. Please take a few minutes to fill out this application, as it will help us match your skills and interests to the opportunities available. You will also find questions about your background, places of employment, etc. As a matter of policy, we conduct background and reference checks on **all** volunteers. It is just one of the many ways we protect children and other vulnerable people served by the YMCA. Once complete, please submit your application to:



Kim Lations, Volunteer Development Coordinator  
YMCA of the North Shore  
245 Cabot Street, Beverly, MA 01915  
Phone: 978.922.0990 ext 1109 Fax: 978.922.7602  
Email: [lationsk@northshoremca.org](mailto:lationsk@northshoremca.org)

## APPLICANT'S INFORMATION

Name:	Home Phone (    )	Cell Phone (    )
Address: Street Number and Name, City, State, Zip Code	Number of years at present address?	Work Phone (    )
E-mail address:		
<b>Emergency Contact Information</b>		
Name:		
Phone:	Relationship:	

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# INTERESTS, SKILLS & AVAILABILITY

<p>Please check all of the volunteer opportunities that might appeal to you:</p> <p> <input type="checkbox"/> Working with Children      <input type="checkbox"/> Teens  <input type="checkbox"/> People with Special Needs      <input type="checkbox"/> Seniors  <input type="checkbox"/> Special Events only      <input type="checkbox"/> Committees  <input type="checkbox"/> Administrative Support      <input type="checkbox"/> Fundraising  <input type="checkbox"/> No preference         </p> <p>Other Specific Opportunity:          _____          _____</p>	<p>Preferred branch(es):</p> <p> <input type="checkbox"/> Beverly  <input type="checkbox"/> Cape Ann  <input type="checkbox"/> Haverhill  <input type="checkbox"/> Ipswich  <input type="checkbox"/> Marblehead  <input type="checkbox"/> Salem         </p>	<p>Your interests &amp; talents:</p> <p> <input type="checkbox"/> Swimming      <input type="checkbox"/> Literacy  <input type="checkbox"/> Constructing      <input type="checkbox"/> Music  <input type="checkbox"/> Health/Wellness      <input type="checkbox"/> Arts  <input type="checkbox"/> Technology      <input type="checkbox"/> Theatre  <input type="checkbox"/> Leadership      <input type="checkbox"/> Sports  <input type="checkbox"/> Problem Solving      <input type="checkbox"/> Childcare         </p> <p>Other: _____</p>
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Please share any related skills, certifications, licenses or experiences:

\_\_\_\_\_

I would like to volunteer:     on a regular schedule     for special events only     as time permits

Days and times that I'm available to volunteer:  
 \_\_\_\_\_

I prefer to be recognized:     in public     in private     both

How? (ex.: personal note, gift certificates, flowers, etc.):  
 \_\_\_\_\_

T-Shirt Size:    Adult XS \_\_\_\_\_    Adult S \_\_\_\_\_    Adult M \_\_\_\_\_    Adult L \_\_\_\_\_    Adult XL \_\_\_\_\_

How did you hear about our volunteer opportunities at the YMCA of the North Shore?:  
 \_\_\_\_\_

Have you ever volunteered or worked for the YMCA of the North Shore before?     YES     NO

If yes, please specify date, branch and department.

Are you currently a member of the YMCA of the North Shore?     YES     NO

If so, which branch?

## EDUCATION

SCHOOL NAME & LOCATION	Years Attended:		Graduate? (Yes/No)	What Degree
	From	To		
High School				
College/University				
Other				

## REFERENCES

Please provide information for three individuals (one should be a relative) that we may contact as references.

Name	Relationship	Phone	Email

# EMPLOYMENT HISTORY

Please list most recent position first.

<b>Company Name</b> Phone Number	Dates of Employment
Address (Include Street, City, State, Zip Code)	May we contact? Yes ___ No ___
Job Title	
Supervisor (Name & Title)	
Description of Job Duties	
<b>Company Name</b> Phone Number	Dates of Employment
Address (Include Street, City, State, Zip Code)	May we contact? Yes ___ No ___
Job Title	
Supervisor (Name & Title)	
Description of Job Duties	

# PERSONAL INFORMATION

Are you 18 years of age or older? *(If not, you may be required to provide work authorization.)* \_\_\_ yes \_\_\_ no

If hired, can you provide verification of your legal right to work in the United States? \_\_\_ yes \_\_\_ no

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? \_\_\_ yes \_\_\_ no

**Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse. Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.**

**My signature below certifies that I have read and understand the foregoing, & to the best of my knowledge, the information on this form is true and correct.**

Volunteer Applicant's Signature

Date

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### For Office Use Only

Local Y Name: \_\_\_\_\_

Volunteer met with Y staff?  No  Yes (If yes, name of YMCA Director \_\_\_\_\_)

CORI/SORI required for volunteer position?  No  Yes (If yes, is CORI/SORI attached?  Yes  No)