



YMCA of Honolulu

VOLUNTEER APPLICATION

Program/Department Interest: 1) _____ **2)** _____

Location:

- Atherton Branch
 Camp Erdman Branch
 Kalihi Branch
 Kaimuki Branch
 Leeward Branch
 Metropolitan Branch
 Mililani Branch
 Nu‘uanu Branch
 Windward Branch

Availability:

Sunday: _____ to _____
 Monday: _____ to _____
 Tuesday: _____ to _____
 Wednesday: _____ to _____
 Thursday: _____ to _____
 Friday: _____ to _____
 Saturday: _____ to _____

PERSONAL INFORMATION

FULL LEGAL NAME: PRINT		Primary phone #:
Preferred First Name for Nametag: PRINT	Shirt Size:	E-Mail Address
ADDRESS: Street Number and Name, City, State, Zip Code		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From	To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
High School					
College/University					
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate					
Additional Education, Vocational and/or Professional Information:					
Professional memberships, certificates and/or licenses held:					

REFERENCE DATA (4 references required)

Name	Phone Number	Relationship	Years Known
Family Member			
Former Supervisor			
Professional/Personal			
Professional/Personal			

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		
Company Name	Phone No. ()	Dates of Employment: From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start		Job Title-Final
Reason for Leaving		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later
Company Name	Phone No. ()	Dates of Employment: From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start		Job Title-Final
Reason for Leaving		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later
Company Name	Phone No. ()	Dates of Employment: From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		Supervisor (Name & Title)
Job Title-Start		Job Title-Final
Reason for Leaving		May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later

Additional Information

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguard certification? Yes No
- Do you hold a current TB test? Yes No

List anything else (skills/experiences/talents/interests):

List all other cities, states and countries where you have lived/worked over the past 10yrs.

City	State	Country	Number of Years

PRE-VOLUNTEER CERTIFICATION

WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE!

Some examples may include, but are not limited to:

- ◆ A thorough background check, including but not limited to, criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, and extra-curricular activities.
- ◆ The YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.
- ◆ Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.
- ◆ Programs are structured so that no staff member is left alone with children.
- ◆ Periodic interviews/evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- ◆ Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.
- ◆ Testing for illegal substances.
- ◆ Psychological testing.

The YMCA's goals for child care programs are:

- ◆ To support and strengthen the family unit.
- ◆ To help children develop to their fullest potential.
- ◆ To deliver the program in a positive YMCA environment of safety, support and care.

Please initial each line in agreement with the statement:

_____ I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

_____ I understand upon contingent offer of a volunteer position, the YMCA of Honolulu will conduct a criminal background check prior to and during my time as a volunteer, as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing.

_____ I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from volunteering or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

_____ I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser. My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteering, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature: _____ Date: _____



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

NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA. If any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal record checks, court record checks, driving records, and/or summaries of educational and employment records and histories. The Information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or Investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

Full Name Printed (First, Middle Initial, Last)

Birth Last Name (if different from above)

COUNTY you reside in

Signature

FOR OFFICE USE ONLY: DO NOT FILL

Social Security Number (leave blank until job offer is made)

Date of birth (leave blank until job offer is made)

Today's Date: _____

Email address: _____@_____