



200 South A Street
Marshall, MN 56258
507-532-9622

Application for Volunteer Service at the Marshall Area YMCA

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: _____ Evening: _____

Email Address: _____

Are you 18 years of age or over? ____yes ____no

Emergency Contact

Name: _____ Relationship to You: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____

Interests

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

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

Would you like to talk to someone further about what kinds of volunteer opportunities might match your skills, talents, and interests? _____

Are there any particular skills, talents, or interests you would like to share? _____

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

Are you a member of the Marshall Area YMCA? _____

Residences

Please list your last two addresses (excluding you current address) starting with the most recent:

1. _____ City / State / Zip: _____

From when to when? _____

2. _____ City / State / Zip: _____

From when to when? _____

Education

Note: Formal education is **not** required to be a volunteer. We welcome experience of all kinds!

	Name & Location	Course of study	Start/End dates	Degree/diploma
High School				
Trade or business				
College				
Other				

Other skills (caring for children, languages, etc.)? _____

Employment History

Please list your last three employers, starting with the most recent:

1. Name of Employer: _____ Phone Number: _____

From when to when? _____

Job title and describe work: _____

Name and title of immediate supervisor: _____

2. Name of Employer: _____ Phone Number: _____

From when to when? _____

Job title and describe work: _____

Name and title of immediate supervisor: _____

3. Name of Employer: _____ Phone Number: _____

From when to when? _____

Job title and describe work: _____

Name and title of immediate supervisor: _____

Military History

Date of entry: _____ Date of discharge: _____

Branch of service: _____ Type of discharge: _____ Final rank: _____

Did you attend service school or receive special training? _____

Background

Please list here any other names you may have used in the past: _____

Have you ever been convicted of a criminal offense? If so, what was it? _____

References

Please list three people **besides relatives and employers** whom you have known for at least two years and who know you well enough to provide with a reference.

1. Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

2. Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

3. Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

How long have you known this reference? _____

I understand that volunteers age 18 & older may be subject to a criminal background either before beginning service or any time during volunteer service. I agree to adhere to all YMCA policies and rules and to help further the YMCA's mission of instilling the values of caring, honesty, respect and responsibility through programs and services that build healthy spirit, mind and body for all.

Signature: _____ Date: _____

Parent or guardian's signature _____ Date: _____
(If you are under 18)

All volunteer applicants age 18 and older must complete the attached Authority to Release form. This is a standard form used by the YMCA's background checking vendor and does not imply that you are applying for employment. Thank you.

Authority to Release Information

I understand that in processing my application with Marshall Area YMCA, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Marshall Area YMCA, and its agent Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044. I may also obtain a copy of this report by checking the "YES" box at the bottom of this disclosure.

I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

Would you like a copy of your report? Yes No

LAST NAME **FIRST NAME** **MIDDLE NAME**

OTHER NAMES USED **DATE OF CHANGE**

STREET ADDRESS

CITY **STATE** **ZIP CODE**

PLEASE LIST THE CITIES AND STATES YOU HAVE LIVED IN, IF THE ABOVE ADDRESS DOES NOT ENCOMPASS 7 YEARS.

II. SOCIAL SECURITY NUMBER **DATE OF BIRTH**
(For Background Check ID)

III. DRIVERS LICENSE NUMBER **STATE ISSUED**

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION WOULD BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

SIGNATURE **DATE**