



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

Thank you for considering the YMCA of Paterson as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in Paterson, NJ.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, and places of employment. We hope you'll understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA of Paterson

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact us at **973-684-2320** or email this form to **volunteers@ymcaofpaterson.org**.

**PERSONAL INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Applicant Identification (Optional):** 1. Gender:  M  F

**What is the best method to contact you?** Email  Call  Text  Mail

**Are you a current YMCA member?**  Yes  No

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

**Language(s) spoken:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

.....  
**VOLUNTEER INFORMATION**

**Have you ever volunteered at the YMCA?.**  Yes  No

If yes, in what capacity \_\_\_\_\_ Are you required to volunteer?  Yes  No

If yes # of hours needed \_\_\_\_\_ Deadline \_\_\_\_\_

Name of School/agency/government body requiring community service: \_\_\_\_\_

**Skills/Interests- I enjoy (Mark all that apply):**

- |                                                        |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> talking on the phone          | <input type="checkbox"/> decorating                            |
| <input type="checkbox"/> answering phones/making calls | <input type="checkbox"/> organizing events or planning parties |
| <input type="checkbox"/> talking to small groups       | <input type="checkbox"/> doing crafts or DIY projects          |
| <input type="checkbox"/> reading to children           | <input type="checkbox"/> office work                           |
| <input type="checkbox"/> teaching                      | <input type="checkbox"/> painting                              |
| <input type="checkbox"/> meeting new people            | <input type="checkbox"/> cleaning                              |
| <input type="checkbox"/> mentoring kids or teens       | <input type="checkbox"/> gardening or working outdoors         |
| <input type="checkbox"/> connecting people             | <input type="checkbox"/> cooking                               |
| <input type="checkbox"/> coordinating and organizing   |                                                                |

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about volunteer opportunities at the YMCA?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why would you like to volunteer?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are there any particular skills, talents, or interests you'd like to share?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What other organizations have you volunteered for, if any?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you volunteering as a part of a group?**  Yes  No

**Group/Org Name:** \_\_\_\_\_

**May we contact you with future volunteer opportunities?**  Yes  No

**AVAILABILITY:**  ongoing  One-time event  Call as needed  Seasonal  Other

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**REFERENCES:** List three references that have known you at least three years whom you authorize us to contact:

First & Last Name	Years Known	Relationship	Direct Phone Number	Email Address
1				
2				
3				

**\*Please do not include relatives/household members**

**BACKGROUND CERTIFICATION**

Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA will order the applicable criminal background check(s), and I fully consent to and authorize all such inquiries. I understand that my continued involvement as a volunteer is contingent upon a criminal history background check.

**Legal Name (last, first, middle):**

\_\_\_\_\_

**Other names used (nickname, maiden name):** \_\_\_\_\_

**Previous Address (if less than 6 months at current address):**

\_\_\_\_\_

**If you have lived in another state in the past 7 years, please provide your previous address(es) in that state.**

\_\_\_\_\_

\_\_\_\_\_

## **VOLUNTEER AGREEMENT**

Please read and initial each statement carefully. This agreement is entered into between the YMCA of Paterson and \_\_\_\_\_ to govern volunteer services.

By initialing below, I understand that:

\_\_\_\_\_ I am a volunteer for a non-profit social service agency and I am donating my time/service to the YMCA of Paterson ("YMCA"). I will not receive any compensation, benefits or exchange of privileges in return for service.

\_\_\_\_\_ No reimbursement for any personal expenses or auto use related to this position shall be provided unless clearly agreed upon in advance.

\_\_\_\_\_ If I am injured while volunteering for the YMCA, I will not receive workers compensation. I further release the YMCA of Paterson, its sponsors, staff and partners from all claims of injury which may be sustained while participating in any YMCA sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care.

\_\_\_\_\_ I may encounter confidential and/or proprietary information, and I agree to keep said information confidential.

\_\_\_\_\_ Failure to perform my assigned duties or follow YMCA policies, practices and/or the Volunteer Handbook may result in the termination of the volunteer relationship. Either the YMCA or I can sever the volunteer relationship at any time with or without notice or cause.

\_\_\_\_\_ I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs. Information may be released through public media, but not limited to websites, social media, artwork, contests, printed material, etc.

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 authorize the YMCA of Paterson to investigate and verify any and all of the information I have submitted. I understand and agree that any misrepresentation or omission of facts would exclude me from consideration for volunteer service or, after my service begins, may be cause for ending my service.

I hereby acknowledge that I have read and understand the above statements and I voluntarily sign this application.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if applicant under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_