



For YMCA use:

Site/Dept: _____
 Supervisor: _____
 Start Date: _____
 Approximate End Date: _____
 # hrs/week: _____
 FCR form _____ Date _____

YMCA OF BOULDER VALLEY VOLUNTEER APPLICATION

Date: _____ Phone: _____ Other Phone: _____
 Name: _____ Program or position you are most interested in:
 Address: _____ 1st Choice: _____
 City: _____ State: _____ Zip: _____ 2nd Choice: _____
 Which YMCA location you are applying for? Mapleton Center / Arapahoe Center / Other: _____

What days would you be **available** to volunteer? _____
 What hours would you be available? _____ Would you be available on weekends? ___ Yes ___ No
 Do you need to complete a certain number of volunteer hours? ___ Yes ___ No How many? _____ By what date? _____
 If you volunteer, can you provide proof that you are 16 years of age or older? ___ Yes ___ No

Are you currently certified in any of the following? If so, please list the expiration date(s).
 CPR _____ CPR-PR _____ First Aid _____ Lifeguard _____ AED _____ Oxy Admin _____ WSI _____
 Other (Please specify) _____

PLEASE CHECK THE PROGRAM(S) IN WHICH YOU MIGHT LIKE TO VOLUNTEER:

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Active Older Adults | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> People with Special Needs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> School-Age Programs/Camp | <input type="checkbox"/> Ice | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Infant/Toddler Care | <input type="checkbox"/> Teen Programs | |
| <input type="checkbox"/> Clerical/Administration | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Youth Sports | |

What experience do you have that is relevant to the program/position for which you are applying?

REFERENCES (Please list 3 references – do not list family members or classmates.)

Name	How do they know you?	Phone	Years known
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

BACKGROUND CHECK

Have you ever been convicted of any child abuse offence? _____ Yes _____ No
 Have you ever been convicted of a criminal charge? Explain: _____ Yes _____ No
 Does your name appear on TRAILS (the Colorado State registry of people who have been investigated for neglect or child abuse offences)? _____ Yes _____ No

Why are you interested in volunteering at the YMCA?

Do you have any impairment (physical or mental) that we should be aware of? ___ Yes ___ No
 If yes, please explain what type of accommodation you would need to volunteer in the program:

In case of emergency, contact: _____ Phone: _____ Relationship: _____

By signing below, you verify that the above information written on this application is true.
 Signature: _____ Date: _____



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

Disclosure for _____
Print Name

Note: No investigation will take place unless we are able to place you in a Volunteer position.

As a Volunteer applicant of **the YMCA of Boulder Valley**, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, **the YMCA of Boulder Valley** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for Volunteering, (2) when making a decision whether to offer you a Volunteer position, (3) when deciding whether to continue your Volunteer position, or (4) when making other Volunteer-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as **the YMCA of Boulder Valley**.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by the employer. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I _____, hereby voluntarily authorize the YMCA of Boulder Valley to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my Volunteering at the YMCA of Boulder Valley. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature

Date



Reference Request

YMCA OF BOULDER VALLEY

RETURN TO: HR/Admin Office • 2800 Dagny Way • Lafayette CO 80026 • Ph: 303.413.9622 • Fx: 303.664.5456

APPLICANT (Please fill out this box only and give this form to your reference. Please use a variety of sources.)

I authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

Print Applicant Name: _____ Signature of Applicant: _____

Position you're applying for at the YMCA: _____ Phone: _____

REFERENCE (Please complete this form for the applicant and send directly to the YMCA of Boulder Valley at the mailing address or fax number listed above or return the reference to the applicant.)

Name of Person Giving Reference: _____ Profession: _____

Organization the Reference is from: _____ Job Title: _____

Address: _____ Phone: _____

How long have you known the applicant? _____ months _____ years Did you directly supervise applicant? ___Yes ___No

In what capacity have you known applicant? _____

Briefly describe the applicant's strengths: _____

Please give some examples of how the applicant has demonstrated these strengths: _____

Briefly describe the applicant's areas for growth: _____

Please give some examples of how the applicant has demonstrated a need for growth: _____

If the applicant is a former employee, would you rehire? ___ Yes ___ No ___ Not a former employee

If you would not rehire, why? _____

Please complete the following if the applicant is seeking a position working with CHILDREN or TEENS:
(This information is extremely important in helping us place the applicant in a position that is appropriate for his/her skills.)

Total number of hours the applicant worked for you with **SCHOOL-AGE CHILDREN** (ages 5-18): _____

Over what time period? (Dates) _____

Total number of hours the applicant worked for you with **TEENS** _____ Information in this section must be **specific** and verifiable.

Over what time period? (Dates) _____

Please rate the applicant on each of the following traits, using a scale of 1 to 10 with 10 being the very best.

- | | | |
|-----------------------------|----------------------------|---|
| ___ Responsibility | ___ Sense of humor | ___ Self-motivation/works independently |
| ___ Dependability | ___ Promotes good values | ___ Organizational skills |
| ___ Works well with others | ___ Energy/enthusiasm | ___ Work attitude |
| ___ Honesty | ___ Leadership skills | ___ Ability to multi-task |
| ___ Flexibility | ___ Creativity | ___ Willingness to perform duties as assigned |
| ___ Judgment | ___ Communication skills | ___ Listens to others' suggestions and ideas |
| ___ Punctuality | ___ Commitment to job | ___ Positive interaction with youth (if applicable) |
| ___ Consideration of others | ___ Personal health habits | ___ Interest in meeting individual needs of youth (if applicable) |

Is there anything else you think would be helpful for us to know in making a decision? _____

I verify that the above information is true to the best of my knowledge.

Signature: _____ email: _____ Date: _____