



We build strong kids,
strong families, strong communities.

VOLUNTEER APPLICATION

I would like to volunteer with:		
___ Camp Fox	___ Camp Miehana	
___ Leader	___ CIT	___ JLT

Personal Information

Name: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail: _____

Birth date: ____ / ____ / ____

Emergency Contact

Name: _____ Relationship: _____ Phone #: (____) _____ - _____

Name: _____ Relationship: _____ Phone #: (____) _____ - _____

Educational Background

Are you a student? ___ If yes, High School College Name: _____

Highest Level of School Completed: _____

Employment Record (if applicable)

Current (or most recent) employer: _____

Job Duties: _____

Date of Employment _____ to _____ Phone # (____) _____

Special Skills and Interests (please select any area(s) that you feel reflect your strengths)

Music Campfire Devotions Arts & Crafts Leadership Development (succession planning, cabin leaders, staff building)

Games/Olympics Risk Mgmt. AMI Mealtime Activities Rags Other: _____

Are you bilingual? _____ If yes, what language(s)? _____

How did you hear about Anaheim YMCA? _____

References

Please give the name and phone number of **4 current references**, 2 personal (excluding relatives) and 2 professional (or adult) references who would be able to provide information related to employment, volunteer work and personal history.

Name/Relation: _____ Phone: (____) _____

Name/Relation: _____ Phone: (____) _____

Name/Relation: _____ Phone: (____) _____

Name/Relation: _____ Phone: (____) _____

(All minor volunteer applicants must have a parent or guardian sign the below sections)

CONSENT FOR EMERGENCY TREATMENT

I authorize the YMCA to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provider or physician including, ordering X-rays, performing tests, administration of drugs or medicines or surgical care to the child. I also authorize the Anaheim Family YMCA to release any medical records necessary for treatment or insurance purposes and to provide or arrange transportation services necessary to provide the emergency treatment. This care may be given under whatever conditions are necessary to preserve my health and safety.

Date: _____ Signature: _____

PICTURE/LIKENESS/VIDEO RELEASE

I give the Anaheim Family YMCA permission to take and use pictures and/or video of me and conduct interviews to be used for the purpose of promotion and publicity of the Anaheim Family YMCA.

Date: _____ Signature: _____

PERSONAL PROPERTY

I understand that any personal property brought by myself to any YMCA facility or event is brought "at my own risk." I expressly release the YMCA and its staff members from all liability for any damage or loss, including theft, of personal property connected in any way to the participation in YMCA activities, whether on or off the premises of the YMCA. I understand that this release includes any claims arising out of the negligence, either by action or inaction, by the YMCA, its staff, directors, members, guests, vendors and contractors.

Date: _____ Signature: _____

Applicant Statement

I authorize investigation of all statements contained in this application form if I am to be considered as a volunteer, and hereby authorize all references to give any and all information regarding my employment or scholastic standing together with any personal information, that may not be on their records. I understand that misrepresentation or omission of the facts called for hereon, or receipt of unsatisfactory references will be sufficient cause for dismissal from the company's services as a volunteer. I further understand that if I volunteer, my position will be at will and either of us may terminate our work relationship at any time.

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

Applicant Signature: _____ Date: _____

To send application or for more information...

Attn: Teen Program Director
240 S. Euclid St., Anaheim, CA 92802
714-635-9622/ Fax 714-635-8151
Email: jgonzalez@anaheimymca.org