



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

KNOX COUNTY YMCA

APPLICATION FOR VOLUNTEER SERVICE

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests;
please complete this Application for Volunteer Service as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	TELEPHONE NO:	SOCIAL SECURITY NO.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	BIRTH DATE:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If hired for a volunteer position, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	I hereby give permission to the YMCA and its representatives to conduct an online criminal background check for volunteer service verified through address, SSN and birth date. <div style="border-top: 1px solid black; display: flex; justify-content: space-between; margin-top: 10px;"> Signature Date </div>	

PROGRAM SERVICE DESIRED

- | | |
|--|---|
| <input type="checkbox"/> Before and After School Program | <input type="checkbox"/> Member Service |
| <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Babysitting Room |
| <input type="checkbox"/> Arts & Humanities | <input type="checkbox"/> Any |

DESIRED SERVICE TIMES

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursdays | |
| <input type="checkbox"/> Fridays | |
| <input type="checkbox"/> Saturdays | |

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

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 employment, 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 of Application