



Y- FRIENDz APPLICATION

Please complete *in addition to* the YMCA Volunteer Application
Please Print Clearly

1. Background Information

Name: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Age: _____ Date of Birth: _____

Marital Status: _____ Spouse's Name: _____

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

Previous Names Used: _____

2. Residences

Please list residences in the last 5 years:

Address/City/State	Dates
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

3. Education

High School: _____ City/State: _____

Dates Attended: _____ Graduated? _____

Post-High School

School	Major	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Military Service

Branch	Dates	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Job History

Present Occupation: _____ Dates: _____
Work Days and Hours: _____
Employer: _____
Address: _____
Phone: (_____) _____ Ext. _____ Name of Supervisor: _____
May we call you at work? _____
If not, why? _____

Last 2 jobs

Position: _____ Dates: _____
Employer: _____
Address: _____
Phone: (_____) _____ Ext. _____ Name of Supervisor: _____
May we contact this employer as a reference? _____
If not, why? _____

Position: _____ Dates: _____
Employer: _____
Address: _____
Phone: (_____) _____ Ext. _____ Name of Supervisor: _____
May we contact this employer as a reference? _____
If not, why? _____

6. Anticipated Future Changes

Do you know or have any reasonable expectation of any future change in your family status, vocation, or residence?

If yes, please explain: _____

7. Previous Application

Have you ever previously applied to be a volunteer with the YMCA? _____

If yes, please explain: _____

8. Medical History

Major Illnesses/Medical Problems	Treatment	Date
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_____	_____	_____
_____	_____	_____

Do you take any special medication? _____

Do you have any known allergies? _____

Have you ever sought counseling or psychological treatment of any type? _____

If yes, please explain: _____

Have you ever had problems with the use of alcohol or drugs? _____

If yes, please explain: _____

9. Transportation

Are you a licensed driver? _____

If yes, do you have your own transportation? _____ License Plate Number: _____

Please describe your driving record and any offenses: _____

10. References

Please list 4 references, including 1 relative, 1 present or past employer, and 2 friends you have known for at least 2 years. Please print clearly.

1. Name: _____ Relationship: _____

City, State: _____

Home/Cell Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

City, State: _____

Home/Cell Phone: _____ Work Phone: _____

3. Name: _____ Relationship: _____

City, State: _____

Home/Cell Phone: _____ Work Phone: _____

4. Name: _____ Relationship: _____

City, State: _____

Home/Cell Phone: _____

Work Phone: _____

I understand that Y-FRIENDz will contact the above listed references and any other persons deemed necessary. I agree to a fingerprint check by an official department. I understand that misrepresentation of personal information or history could result in termination or non-acceptance in the Y-FRIENDz program.

Signature: _____

Date: _____

11. Legal History

Have you ever been arrested? _____

If yes, please explain: _____

Offense	Date	Action

Have you ever been investigated for and/or charged with child abuse or neglect? _____

If yes, please explain: _____

Have you ever been investigated for and/or charged with crimes against children? _____

If yes, please explain: _____

Have you ever been investigated for and/or charged with assault? _____

If yes, please explain: _____

Have you ever been investigated for and/or charged with any other offenses? _____

If yes, please explain: _____

Have you ever been a victim of a crime? _____

If yes, please explain: _____

12. Personal Data

What are some values and beliefs that are of special importance to you?

How do you feel these relate to working with young people?

Please list hobbies and activities that you enjoy.

Do you have any special training or skills?

Please list language skills.

Please list any professional memberships, community organization affiliations, etc.

Have you had any experience working with children (volunteer, paid, etc.)?

Are there any traits or behaviors of a young person that would cause you to be uncomfortable with the match?

Additional Comments:
