



KEENE FAMILY YMCA

VOLUNTEER SERVICE APPLICATION

Name	First Name	Last Name	Date of Birth	Are you a Member Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address Home	Street	City	State	Zip
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Address School	Street	City	State	Zip
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Phone #'s	Home #	Work #	Cell #	E-Mail
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Volunteer Eligibility	Have you ever been convicted of a felony, child abuse or sex related crime? ____ Yes ____ No Volunteers will be asked to fill out a criminal background check as part of the application process.
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Position for which you are applying		Dates & Hours Available to Work	
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Have you ever volunteered with the Keene Family YMCA before? ____ Yes ____ No
Dept: _____

How did you hear about the Keene Family YMCA or the position? _____

The Keene Family YMCA asks that you provide your ethnicity on this application. This information is collected at the request of the USDA in compliance with the terms of contract regarding the loan to build the new facility. The purpose is to ensure that the Keene Family YMCA prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability marital or family status and that the Keene Family YMCA is an equal opportunity employer. Please circle your optional response.

Hispanic or Latino	American Indian/Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
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EDUCATION

School Name & Location	Dates Attended	Graduate? Y or N & Year	Course of Study
Middle School			
High School			
College/ Trade School			
Graduate School			

Certifications, Volunteer Activities, Membership in Professional or Civic Organizations:

the KEENE FAMILY YMCA • 200 Summit Road Keene NH 03431 • Tel: (603)352-6002 • Fax: (603) 355-8018
Our mission: To put Christian principles into practice through programs that build healthy spirit, mind and body.

VOLUNTEER HISTORY

Please provide information on organizations/ companies you have volunteered with in the past, if any:

Company/ Organization Name	Telephone
Address	Dates of Volunteerism From this Date To this date
Name of Supervisor	
Job Title	Reason for Leaving
Company/ Organization Name	Telephone
Address	Dates of Volunteerism From this Date To this date
Name of Supervisor	
Job Title	Reason for Leaving
Job description/ Duties	

PROGRAM AREAS

Please number the opportunities that interest you (1 being your top choice):

Health & Wellness	Youth & Teens	Administrative
<input type="checkbox"/> Wellness Center Floor	<input type="checkbox"/> Child Care (Ages 6wk-5yr)	<input type="checkbox"/> Welcome Center
<input type="checkbox"/> Wellness Coach	<input type="checkbox"/> School's Out (School age)	<input type="checkbox"/> Duty Officer
<input type="checkbox"/> Group Exercise Instructor	<input type="checkbox"/> Teen Program	<input type="checkbox"/> Tour Guide
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Custodial Support
<input type="checkbox"/> Aquatics Program	<input type="checkbox"/> Gymnastics Program	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Family Events	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Arts Program	<input type="checkbox"/> Other _____

REFERENCES

Name	Phone	Address
Name	Phone	Address
Name	Phone	Address

The information provided in this application for volunteer service is true, correct and complete. I understand that if selected, any false statement or omission of fact from this application may result in my dismissal. I agree to submit to a legally permissible criminal background check and that the results of this check may be used determine my eligibility for volunteer service or continued service with the Keene Family YMCA.

Signature: _____ Date: _____

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