



Volunteer Application Form

All information must be completed or the application will not be considered for selection.

Your information:

First Name

Last Name

Mr Mrs Miss Ms Prof Rev Dr

Date of Birth:

 / /

Address:

Suburb:

State:

Postcode:

Phone (Business Hours):

Phone (After Hours):

Mobile:

Email:

Emergency Contact

Name:

Emergency Phone:

Please List Three References

1. Name:

Email:

Position:

2. Name:

Email:

Position:

3. Name:

Email:

Position:

Please tick the areas where you would like to volunteer (Tick all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Administration/
Clerical | <input type="checkbox"/> Board | <input type="checkbox"/> Camping Programs | <input type="checkbox"/> Children's Programs
and Services |
| <input type="checkbox"/> Fitness Programs | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Lifestyle Programs | <input type="checkbox"/> Leadership
Development |
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Recreational Sports | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Youth Outreach/
Youth Groups | <input type="checkbox"/> Coaching:
Basketball/Judo
Gymnastics | <input type="checkbox"/> YMCA Basketball Club | <input type="checkbox"/> YMCA Gymnastics
Club |

How did you find out about volunteering at the YMCA?

Why would you like to volunteer at the YMCA?

What relevant work or volunteer experience do you have?

What relevant education, training and/or certification do you have?

Have you ever had a court proceeding, police investigation, criminal conviction or a disciplinary hearing against you?

Yes No

Do you have a pre-existing medical condition or physical or mental illness

Yes No

AS A YMCA VOLUNTEER

I am committed to supporting the YMCA Mission, Vision and Values I understand that prior to commencing my volunteer activity at the YMCA:

- I am required to provide the YMCA with a current Working with Children Check & Police Check
- I will receive from the YMCA specific training for my volunteer role
- I will be trained on the Policies and Procedures for YMCA Volunteers.

I certify that the above information is true and complete to the best of my knowledge

Signature:

Date:

/ /

Parent/Guardian Signature:

Date:

/ /

(Required for volunteers under 18 years of age)

If you have any questions please contact geelong @ymca.org.au

<p>OFFICE USE ONLY</p> <p>Called:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Interview Date Reference Checked</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> </div> <p>Police Check Processed Police Check Approved</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> </div> <p>Working With Children Ref No.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Orientation Sign Off Operating Policies & Procedures Sign Off</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> </div>	<p>Placement</p> <p>Location</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Program</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Volunteer Type</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Start Date:</p> <div style="border: 1px solid black; text-align: center; padding: 2px;">/ /</div> <p>Primary Staff supervisor:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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