



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	Home Telephone No.	Cell Phone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Are you over 14? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions which occurred more than two years prior to the date of this application) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: (A conviction will not necessarily disqualify you.)		

PROGRAM SERVICE DESIRED

_____ PALS Before and After School Program _____ Youth Center _____ Health & Fitness _____ Aquatics	_____ Member Service _____ Youth Sports _____ Child Watch _____ Arts & Humanities
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DESIRED SERVICE TIMES

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____ Saturdays	_____ Mornings _____ Afternoons _____ Evenings
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EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
<input type="checkbox"/> Keyboarding _____ WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

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