



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

300 W. Lanikaula Street
Hilo, HI 96720
808-935-3721

<https://islandofhawaiiymca.org/>

VOLUNTEER APPLICATION

Thank you for considering the **ISLAND OF HAWAI'I YMCA** as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without volunteers, we would not be able to meet the needs of our families who live in **HAWAI'I COUNTY**.

At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That is why we are asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, and places of employment. We hope you will understand that, unfortunately, not everyone will be appropriate to volunteer at the Y. We make an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It is just one of the many ways we help protect children and other vulnerable people served by the **ISLAND OF HAWAI'I YMCA**.

Thanks for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact **WENDY BOTELHO-CORTEZ, CEO at 808-935-3721**.

Today's Date _____

Name _____
(Last) (First) (Middle)

Address _____

E-mail _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

How long have you been at this address? _____

Social Security Number _____ - _____ - _____ Are you 18 years of age or over?
 Yes No (If no, please have your parent or guardian sign the application, too.)

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day (_____) _____ Evening (_____) _____

Interests

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

Would you like to talk to someone further about what kinds of volunteer opportunities might match your skills, talents, and interests? _____

Are there any skills, talents, or interests you'd like to share? _____

What other organizations have you volunteered for, if any? _____

Are you a member of the YMCA? _____
(Membership is not required)

Employment History

Please list your last two employers, starting with the most recent:

1. _____

Name of organization

Employed from when to when? _____ (include month and year)

Address _____

City _____ State _____ Zip _____

Phone _____

State job title and describe your work _____

Name and title of immediate supervisor _____

2. _____
 Name of organization _____
 Employed from when to when? _____ (include month and year)
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 State job title and describe your work _____

 Name and title of immediate supervisor _____

Military History

Date of entry _____ Date of discharge _____
 Branch of service _____ Type of discharge _____
 Final rank _____
 Did you attend service school or receive special training? _____

Education Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and Location	Course of Study	Start and End Dates	Did You Graduate?	Degree or Diploma
High School					
Trade or Business					
College					
Other					

Other skills (caring for children, languages, etc.) _____

Background

Please list here any other names you may have used in the past: _____

Driver's license number _____ Driver's license classification _____

Have you ever been convicted of a criminal offense? Yes No If so, what was it? _____

The **ISLAND OF HAWAI'I YMCA** conducts background checks on volunteers.

References

Please list two people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

Please list your last three employers, starting with the most recent:

1. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference _____

2. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

Your signature _____

Date _____

Parent's or guardian's signature

(if under 18)

Date _____

Background Check

Employee Name: _____ Date: _____

Social Security Number ____-____-____ Date of Birth: ____-____-____

Authority for Release of Information and Record

I hereby consent to an investigation by the Island of Hawaii YMCA into my personal history, my suitability or employment at the Y. I, therefore, consent to the disclosure of any information contained in my private, public or government files relevant to this application for employment regarding my past or present employment history.

Initial _____

I hereby consent to an investigation by the Island of Hawaii YMCA for a criminal background check. I understand that, by law the Y will be looking at any or all (nothing over ten years) criminal convictions that pertain to my employment with the Y.

Initial _____

In this connection, I hereby release the Y and those associated with or action on its behalf, and all employers, educational institutions, governmental agencies individuals, and/or any other provider of information from all claims and/or liability in connection with said investigation and/or the provision of such information to the Y.

Initial _____

Please list all other names used from birth including maiden name:

Signature: _____ Date: _____

Certification of Criminal History Check

I certify that a criminal history background check was conducted on _____, by an employee of the Island of Hawaii YMCA. The check consists of using the online public access through the State of Hawaii using the following information provided by the employee:

Social Security Number ____-____-____ Date of Birth ____/____/____

This form will be added to the employee personnel file and serve as a cleared criminal history check. Any information disclosed at the computer will be added to this form.

HR Signature

Date

_____No conviction information found _____Conviction information found

Comments_____

Sex Offender Registry Check completed on _____ by

_____. Cleared_____