



YMCA OF GREATER SPRINGFIELD

ASSOCIATION OFFICES

1500 Main Street
Springfield, MA 01115
Suite 256

P: 413.739.6951

WWW.SPRINGFIELDY.ORG

VOLUNTEER SERVICES APPLICATION

PLEASE SELECT A LOCATION

- Downtown Springfield Y Family Center
Scantic Valley Y Family Center
North End Youth Center

NAME: DATE:

ADDRESS: Street City State Zip Code

TELEPHONE: HOME BUSINESS CELL

E-MAIL: SEX: MALE FEMALE

EDUCATION: High School College Other DATE OF BIRTH

VOLUNTEER CATEGORIES

YMCA Volunteer- Receives no special privileges or financial compensation.
Community Service - N/A
To fulfill requirements of an outside agency for benefits.
Intern - School credit
Reason For Leaving:

Have you volunteered for the YMCA before? If yes, what department?
Have you volunteered for another organization? If yes, where?

VOLUNTEER REFERENCES

(Choose someone you recently worked for volunteered for, and someone you have known for many years)

Table with 4 columns: Name, Title, Organization, Phone. Rows 1 and 2.

DAYS AND TIMES AVAILABLE

Table with 4 columns: Day, Morning, Afternoon, Evening. Rows Monday through Saturday.

PROGRAM AREAS YOU WOULD PREFER (Please rate with 1 being your top choice(s) to 5 your least favorite.)

HEALTH & RECREATION

- Aerobics
Active Older Adults (AOA) programs
Gym Monitor
Cybex Center equipment
Swim lessons/Aquatics programs
Adult sports

YOUTH-TEENS

- Day Care**
Before/after school*
Baby sitting/ Y Club
Teen Center activities
Camp (in summer)
Youth sports (by season)

OFFICE/OTHER

- Clerical support
Fund-raising
YMCA tour guide
Special Events
YSPEED
Specialty programs (I.E., Photography, Arts & Crafts)

**In order to volunteer in these program areas, a physician's note stating that you are in good health plus proof of vaccinations for measles, mumps and rubella is required.



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VOLUNTEER COMMITMENT

- **CARING** – I will **care** enough to make every effort to fulfill my volunteer service as I have chosen and has been scheduled.
- **HONESTY** – I will make every attempt to **honor** my volunteer commitment. I understand that my presence and service is important, and that I am part of the “whole” that makes everything run smoothly and efficiently.
- **RESPECT** – I will **respect** my co-workers, fellow volunteers, all those who will benefit from my service by understanding that my service has merit and that what I do affects others.
- **RESPONSIBILITY** – Will be **responsible** by making every effort to do a good job, to follow directions, and to ask questions if I do not understand something. I will call my supervisor when I cannot come in.

I understand that volunteering is an opportunity to live and to exemplify these values, and that I can enrich the lives of others as well as my own through my volunteer service.

Name

Date



YMCA OF GREATER SPRINGFIELD

YMCAS
172zG
FE052

CHAPTER 6, §172G CORI REQUEST FORM

YMCA of Greater Springfield is requesting all available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or prior to employment or **volunteer service**.

***** Please return these forms with a copy of your valid government issued photo ID *****

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(last 6 digits only)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____.

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE