



YMCA of Metropolitan Chicago  
**Volunteer Candidate Form**

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
(street number and name, city, state, zip code)

Telephone Numbers (please indicate home, work, cell phone, pager, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Current Occupation \_\_\_\_\_ Employer / School \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your birth date? \_\_\_\_\_

Have you ever volunteered for a YMCA or been employed by a YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate which YMCA(s), what you did there and when:  
YMCA / City, State                      Job / Volunteer Assignment                      Dates Employed or Dates Volunteered

1. \_\_\_\_\_  
2. \_\_\_\_\_

Have you been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record), or have you been released from prison in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in full:

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? (please check all that apply)

- Do something good                       Meet new people                       Court-ordered community service  
 Use or develop skills unrelated to work                       Gain experience in a desired field of work  
 Internship requirements                       School graduation requirements                       Church program requirements  
 Other (please specify) \_\_\_\_\_

**Availability**

How many hours per week do you wish to commit to a YMCA volunteer assignment? \_\_\_\_\_

If not a weekly volunteer assignment, what schedule can you commit to? \_\_\_\_\_

How long will your initial commitment to YMCA volunteer work be?

\_\_\_ six months

\_\_\_ a year

other: \_\_\_\_\_

Please use the grid below to indicate your current availability for a YMCA volunteer assignment.

Time of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
morning							
afternoon							
evening							

**Related Background Information**

Training, Formal Education or Certifications You Can Apply as a YMCA Volunteer \_\_\_\_\_

Paid or Volunteer Work Experience You Can Apply as a YMCA Volunteer \_\_\_\_\_

Skills or Interests You Can Apply as a YMCA Volunteer \_\_\_\_\_

**References**

Please supply work, volunteer or personal references. Do not list relatives or household members.

Name	Relationship to You	Address	Phone Number(s)
1.			
2.			

In case of emergency, who should we contact (name, relationship to you, phone number[s])?

I certify that the information contained herein is correct to the best of my knowledge and understand that falsification of information or omission of significant information may be grounds for dismissal. I authorize the YMCA of Metropolitan Chicago to investigate and verify the information I have submitted on this candidate form. I agree to conform to the rules and regulations of the YMCA of Metropolitan Chicago and acknowledge that these rules and regulations may be changed at any time, at the YMCA's sole option and without prior notice.

Volunteer specifically assumes all risks of injury arising out of his or her presence on or about the premises, or his or her use or intended use of the equipment and facilities, or his or her participation in the activities of the Young Men's Christian Association (YMCA) of Metropolitan Chicago, an Illinois Charter corporation, and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages the YMCA of Metropolitan Chicago and its respective officers, directors, Board of Managers, Trustees, members, employees or agents.

Volunteer Candidate Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Volunteer Candidate's  
Legal Guardian (if under 18) \_\_\_\_\_ Today's Date \_\_\_\_\_



**BACKGROUND INQUIRY AUTHORIZATION**  
**VOLUNTEERS AND INTERNS**

In connection with my volunteer application with the YMCA of Metropolitan Chicago, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including criminal records, driving record, education, prior employer verification and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I have the right to make a request of CIC Applicant Background Checks, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above mentioned reports at any time during my volunteer service.

Fax to: 312-932-1275  
*No fax cover letter is necessary*  
Please print clearly

Position: \_\_\_\_\_

Full Name (Including middle name) \_\_\_\_\_

Position applied for \_\_\_\_\_ YMCA Center \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
*(You are not obligated to disclose sealed or expunged records of convictions or arrests)*

Have you lived in another state in the past 5 years? If yes, list city & state: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Other or former names \_\_\_\_\_

Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_

***I certify that I have read and understood the foregoing language and understand that information obtained as a result of my authorizing this investigation is confidential. I agree to hold CIC, Inc. and the YMCA of Metropolitan Chicago harmless regarding any information that is obtained during the inquiry.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Legal Guardian (if under 18 years old)

\_\_\_\_\_  
Date



# Voluntary Self Identification Form

As an equal employment opportunity employer, the YMCA of Metropolitan Chicago compiles and reports specified data about our applicants as well as our employee population.

We ask you to **voluntarily** assist us to improve the effectiveness of our affirmative action efforts by allowing us provide the most accurate data. Please indicate below the one race/ethnic category with which you most closely identify.

The information you provide will be used solely for reporting and statistical analysis purposes. Although we would greatly appreciate your voluntary cooperation, refusal to supply this information will not subject any applicant or employee to adverse treatment.

**Do you volunteer to complete this form?**  Yes  No

**CLASSIFICATIONS SPECIFIED BY THE DEPARTMENT OF LABOR:**

- American Indian/ Alaska Native      All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.
- Asian      All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands.
- Black or African American      All persons having origins in any of the black racial groups of Africa (not of Hispanic origin).
- Caucasian      All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East (not of Hispanic origin).
- Hispanic or Latino (all races)      All persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race.
- Native Hawaiian/ Pacific Islander      All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races

**VOLUNTARY IDENTIFICATION IN OTHER AREAS:** (please check all that apply)

- Male       Female
- Disabled

**If you are a Veteran please complete the section below.** (please check all that apply)

Date of Discharge: \_\_\_\_\_

- Veteran of the Vietnam Era       Other Protected Veteran       Disabled Veteran

**I understand that completion of this form is optional**  Yes  No

**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HR Use Only:**

Center: \_\_\_\_\_

Entered \_\_\_\_\_ Date \_\_\_\_\_