



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

Thank you for considering the Billings Family YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in Billings.

At the YMCA, we know your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're 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, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes 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's just one of the many ways we help protect children and other vulnerable people served by the YMCA.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact Kim Gottwals, Volunteer Coordinator, 294-1623 or [kgottwals@billingsymca.org](mailto:kgottwals@billingsymca.org)

Today's Date \_\_\_\_\_ (Month/Day/Year)

Mr.    Mrs.    Miss    Ms.    Rev.    Dr.    Other

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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? \_\_\_\_\_

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Why would you like to volunteer? \_\_\_\_\_

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Have you heard about any particular volunteer opportunities that interest you? \_\_\_\_\_

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Are there any particular skills, talents, or interests you'd like to share? \_\_\_\_\_

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What other organizations have you volunteered for, if any? \_\_\_\_\_

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Are you a member of the YMCA? \_\_\_\_\_

**(Membership is not required)**

Employment History

Please list your current / last employer:

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 \_\_\_\_\_

**Background**

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

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

**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.

1. Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

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

Your signature and date \_\_\_\_\_

Parent's or guardian's signature \_\_\_\_\_  
*(if you're under 18)*

Date \_\_\_\_\_