



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**VOLUNTEER APPLICATION  
SPECIAL EVENT**

Thank you for choosing to volunteer for the Stevens Point Area YMCA! In order to properly track our volunteer information please complete the following application. If you have any questions, please contact Human Resources (715 342 2980).

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Race (optional) \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

Volunteering For: \_\_\_\_\_ Dates Volunteering: \_\_\_\_\_

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service, or after my service begins, may be cause for termination. I hereby proclaim that I have never been convicted of or reported for abuse, neglect, sexual assault, or a related charge. I understand that the Administrative Staff of the Stevens Point Area YMCA is required to report to the proper authorities any suspected sexual or harmful misconduct toward a child. Such misconduct is grounds for immediate termination of the volunteer activity and possible prosecution. I authorize the Stevens Point Area YMCA to conduct appropriate background and reference checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use:**

Event: \_\_\_\_\_ Department: \_\_\_\_\_

Program Volunteer      Dates Volunteering: \_\_\_\_\_

Policy Volunteer      Director Signature: \_\_\_\_\_

**Volunteer Category**

- |  |   |
|--|---|
| <input type="checkbox"/> Board         | <input type="checkbox"/> Housekeeping/Maintenance |
| <input type="checkbox"/> Committee     | <input type="checkbox"/> LIT/CIT                  |
| <input type="checkbox"/> Clerical      | <input type="checkbox"/> Special Event            |
| <input type="checkbox"/> Child Care    | <input type="checkbox"/> Teen Leader              |
| <input type="checkbox"/> Coach/Referee | <input type="checkbox"/> Child Care               |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Other _____              |

Number of hours completed: \_\_\_\_\_

Entered into CCC: \_\_\_\_\_

**STEVENS POINT AREA YMCA**

1000 Division Street, Stevens Point WI 54481  
715 342 2980 www.spymca.org

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