



# VOLUNTEER INFORMATION PACKET

It's deeper here.™

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

20 S. Charles St.  
Baltimore, MD 21201  
410-837-9622

The Y of Central Maryland is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, sexual orientation, or physical or mental disability or other category protected under applicable federal, state or local law.

## I. GENERAL INFORMATION

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First Name	M.I.	Last Name	Telephone Number
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Current Address (Number & Street)	City	State/Zip	Email Address
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In Case of Emergency Notify _____			
Name	Relationship	Telephone Number	

Have you ever been employed by the Y of Central Maryland or another YMCA?  Yes  No

If yes, where? \_\_\_\_\_ Dates? \_\_\_\_\_

What position? \_\_\_\_\_

Have you ever volunteered with the Y of Central Maryland or another YMCA?  Yes  No

If yes, where? \_\_\_\_\_ Dates? \_\_\_\_\_

What position? \_\_\_\_\_

Are you currently a member of the Y of Central Maryland?  Yes  No

What other organizations have you volunteered with (if any)? \_\_\_\_\_

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Have you ever been convicted of a crime or received a verdict of anything other than not-guilty in any criminal investigation or proceeding? (A conviction will not necessarily preclude volunteering)  Yes  No

If yes, state date and details: \_\_\_\_\_

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**II. PLEASE LET US KNOW SOME OF YOUR INTERESTS**

- |                                                                                                                                            |                                                                                                                                                 |                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Child Care</b><br>Aide, Teaching Assistant<br>Clerical, Teacher's Helper<br>Chaperone (field trips)            | <input type="checkbox"/> <b>Youth Sports</b><br>Coach, Referee<br>Score Keeper<br>Field set up & maintenance                                    | <input type="checkbox"/> <b>Housekeeping &amp; Maintenance</b><br>Gardening, Housekeeping<br>Light maintenance<br>Assist with repairs |
| <input type="checkbox"/> <b>Office Help</b><br>Filing, Typing, Phones<br>Data entry, Xeroxing, Mail                                        | <input type="checkbox"/> <b>Member Service</b><br>Give tours of the Y to new<br>and prospective members                                         | <input type="checkbox"/> <b>Fitness</b><br>Trainer, Instructor                                                                        |
| <input type="checkbox"/> <b>Marketing/PR</b><br>Newsletter production,<br>Special events, Graphic Artist<br>Fund raising, Public relations | <input type="checkbox"/> <b>Community Programs</b><br>Assist with Family Fun Nights,<br>Indian Guides, Teen Leaders<br>Youth & Government, etc. | <input type="checkbox"/> <b>Aquatics</b><br>Lifeguards, Instructor, Aides                                                             |
| <input type="checkbox"/> <b>Other</b> _____                                                                                                |                                                                                                                                                 |                                                                                                                                       |

**III. SKILLS & EXPERIENCE**

Skills and strengths that would be beneficial to the Y: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Related Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons for volunteering? Goals? What needs of your own do you expect to fill as a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any related training you may have had as a volunteer or instructor at another organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you an active member of any clubs, organizations, churches, etc? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any special populations with which you have had experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. EDUCATION

Highest Grade Completed : Grade School                      High School                      College                      Graduate			
Type	Name & Address	Degree or Program	Course of Study
High School			
College			
Graduate/Professional			
Specialized Training, Apprenticeship, Skills			
Honors & Awards			

#### V. AVAILABILITY

	SUN	MON	TUES	WED	THUR	FRI	SAT
<b>Please write in your availability</b>							

#### VI. WHAT INFLUENCED YOUR DECISION TO VOLUNTEER AT THE Y?

- |                                              |                                        |                                        |                                           |
|----------------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Personal Experience | <input type="checkbox"/> Word-of-mouth | <input type="checkbox"/> Television ad | <input type="checkbox"/> Mailing          |
| <input type="checkbox"/> Newspaper           | <input type="checkbox"/> Yellow Pages  | <input type="checkbox"/> Sign outside  | <input type="checkbox"/> Website/Internet |
| <input type="checkbox"/> Other _____         |                                        |                                        |                                           |

#### VII. POLICY

The Y of Central Maryland requires a photocopy of a driver's license, social security card, or photo ID card for all volunteers who will be working directly with children. Please attach a copy to the completed volunteer information packet.

**VIII. REFERENCES**

(Please list three business references we may contact concerning you. If you have no previous business references, please provide three non-relative adult character references such as a teacher, neighbor, coach, or pastor)

Name	Address	Telephone Number	Relationship to You

**REFERENCE RELEASE STATEMENT and SIGNATURE**

I, \_\_\_\_\_, having filed an application to work as a (n) \_\_\_\_\_ (position sought) at the Y of Central Maryland do hereby authorize the Y to seek from school officials, doctors, previous employers, and other person, firms or institutions, and further authorize the persons, firms or institutions contacted by the Y to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above-named job, including but not limited to information and opinions pertaining to the nature of my former job, and job duties, how I performed those duties, my salary history, my attendance record, my character, my academic record and my performance, behavior, attitude or other problems or good points perceived by them. Further, I authorize the Y to seek from any and all law enforcement agencies having information concerning any investigations, and any all documentation, test results or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been expunged. I also authorize said law enforcement agencies to release this information to the Y of Central Maryland. I release, promise to hold harmless and covenant not to sue the Y of Central Maryland, its agents or employees on the basis of its attempts to obtain any of the foregoing information and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing, such information to the Y, its agents or employees on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

I understand this document is not an offer of employment. The information in this application is true and complete. I authorize the Y of Central Maryland to investigate statements. I understand that misrepresentation or omission of fact during hiring or employment is cause for dismissal. I further understand that the Y of Central Maryland may require successful completion of a physical examination as a condition of employment.

I understand that, if hired, I will be an employee at-will. I would have the right to terminate my employment at any time for any reason; the Y should enjoy a similar right, regardless of cause. My status as an employee may only be modified by a written contract of employment, signed by an appropriate officer of the Y.

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Y of Central Maryland**  
**Reference Verification – Minimum of two (2) business reference checks required**

(For Office Use Only)

<b>Name of Reference:</b>
<b>Comments:</b>
<b>Reference Verified By (full signature required):</b>

<b>Name of Reference:</b>
<b>Comments:</b>
<b>Reference Verified By (full signature required):</b>

<b>Name of Reference:</b>
<b>Comments:</b>
<b>Reference Verified By (full signature required):</b>

**RELEASE FORM FOR CONSUMER REPORTS**

**Center**

In connection with my application for employment, and throughout my employment with the Y of Central Maryland (including contract for service), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving records, education and prior employer verification. 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 employment (or contract).

**Name (printed):** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

Have you ever been convicted of a crime or received a verdict of anything other than not-guilty or been placed on probation/deferred adjudication or paid a fine for any crime? (please circle one) **YES** **NO**

Explain \_\_\_\_\_

*A conviction will not necessarily disqualify you for the job you have applied for.*

**For Identification Purposes:** Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

**Addresses for past five (5) years:**

*Current Address*

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

*Previous Address* From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

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

*Previous Address* From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

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

**Other Names Used** (include maiden, married, nickname, name change):

\_\_\_\_\_ From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

\_\_\_\_\_ From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_