



VOLUNTEER APPLICATION

Applicants are considered for all positions without regard to any status protected under federal, state, or local law, including but not limited to race, color, creed, religion, national origin, age, sex, pregnancy, marital status, genetic information, sexual orientation, citizenship status, or veteran status.

Date of Application ____/____/____

Position(s) you are applying for: _____

Name

Last First Middle

Address

Street City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____

Email: _____

Are you over the age of 18? ____ Yes ____ No

Have you filed an application here before? ____ Yes ____ No
 If yes, give date _____

Are you employed now? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

Please indicate day and time of availability:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

EMPLOYMENT HISTORY

Start with your present job. Include military service assignments and volunteer activities.

Employer: Telephone #: Job Title: Supervisor: Reason for Leaving:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates Employed</th> </tr> <tr> <th style="width: 50%;">From</th> <th style="width: 50%;">To</th> </tr> </thead> <tbody> <tr> <td style="height: 60px;"></td> <td></td> </tr> </tbody> </table>	Dates Employed		From	To			Work Performed
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EDUCATION				
	Elementary School	High School	College/ University	Graduate/ Professional
School Name				
Years Completed				
Diploma/Degree				
Major/Concentration				

Please list any special skills, qualifications and/or certifications you have.

The Y offers programs for our non-English speaking membership base. Please indicate any language skills you have and the level of fluency for each of the following.

Language	Verbal Level	Reading Level	Writing Level
	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor

REFERENCES

Please list two (2) professional references that we may contact.

Name:	Name:
Relationship:	Relationship:
Phone Number:	Phone Number:

In case of an emergency, who is the best person to contact you?

Name:
Relationship:
Phone Number:

APPLICANT SELF-IDENTIFICATION FORM

Applicants are considered for all positions, and employees are treated during employment, without regard to any status protected under federal, state, or local law, including but not limited to race, color, creed, religion, national origin, age, sex,

pregnancy, marital status, disability, genetic information, sexual orientation, citizenship status, or veteran status.

To help the YM & YWHA of Washington Heights and Inwood comply with state/federal equal employment opportunity record keeping, reporting and other legal requirements, we would appreciate your voluntarily answering the questions listed below. You are NOT required to answer them. Refusal to provide the requested information will not result in adverse treatment. Your answers will not adversely impact the determination of your job-related qualifications. The information you provide on this form will be kept in a confidential file separate from your application for employment.

(PLEASE PRINT)

Last Name: _____

First Name: _____

Middle Initial: _____

Gender: Please check next to the appropriate category.

Male Female

Race/Ethnicity: Please check one of the following:

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

I have received the form and decline to provide the requested information.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer decision. I understand that this application is not intended to be a contract of employment.

In the event I am offered a volunteer position, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the YM & YWHA of Washington Heights and Inwood.

Signature

Date