



JOIN US. MAKE A DIFFERENCE.

When you volunteer for the Y, you provide leadership and talent vital to empowering people and communities to learn, grow and thrive.

Ways to Volunteer

Program Volunteers

Help provide leadership and support to programs such as Swim Lessons, Kid's Club and After School programs.

Special Event Volunteers

Assist in one-time events such as our Holiday Celebration, Sidewalk Shuffle 5K and Healthy Kids Day.

Advisory Volunteers

Provide leadership in advising us on important issues and overall direction. Includes Board Committees.

Policy Volunteers

Provide leadership to the Y. Includes our Board of Directors.

Philanthropy Volunteers

Help to raise funds for our Annual Campaign.

Application Process

Complete the Volunteer Candidate Information form and return to the Duluth YMCA. You will then be contacted for an interview. After application and interview are accepted, in-house trainings will be completed before volunteer service begins. Please email, fax, mail or walk-in your application materials in attention to the Volunteer and Internship Coordinator:

Contact information:

Gina Miller

Volunteer and Internship Coordinator

Duluth Area Family YMCA

302 West First Street Duluth, MN 55802

(P) 218 722 4745 ext 159 (F) 218 722 4746

(E) gmilller@duluthymca.org (W) www.duluthymca.org

The Y: We're for youth development, healthy living and social responsibility.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Volunteer Candidate Information

Please provide your contact information:

Date _____ Full Name _____

Are you 18 years of age or older? Yes No (if no, please have your parent or guardian sign the application as well)

Are you a member of the Y (please note that you do not have to be a member in order to volunteer)? Yes No

.....

These questions will help us find a match with your interests:

1. Please share some of your personal reasons for wanting to volunteer with the Y and what you hope to gain from the experience.

2. What previous or current volunteer experience do you have (organizations, type of work, etc.) if any?

3. Are there any particular skills, talent, certifications or training you would like to utilize in your volunteer service?

4. How did you hear about our volunteer opportunities?

5. Is this volunteer inquiry fulfilling a requirement? Yes No If yes, please explain (number of hours needed, etc.):

Please indicate your availability for volunteer service (check any that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

How many hours are you able to commit to? _____ per week OR _____ per month OR _____ per semester

Please check areas of interest for volunteer service (check all that apply):

What age group(s) would you prefer to volunteer with?

- Any
- Infants and Toddlers
- Preschool
- School Age
- Teens
- Older Adults

Are there any specific programs in which you'd like to volunteer?

- Youth Outdoors-Duluth
- Camping Programs
- Miracle League
- Kid's Club
- School Age Child Care (KEY Zone)
- Aquatics
- Other

Other Volunteer Opportunities:

- Customer Service
- Cleaning/ Work Projects
- Laundry
- Special Event or Project
- Policy Committees or Board
- Fundraising
- Other _____

Employment, Academic and Military History

If employed, please list current place of employment _____ Position _____

Education	Name of School	Major Subjects	Diploma
High School			
College/University			
Other Training or Education			

Military: Please list Branch of Service	Dates of Service	Did you attend service school or receive special training?

References

Name →	1.	2.	3.
How do you know this person?			
How long have you known them?			
Email			
Phone			
Address			

Emergency Contact Information:

Please list the name and phone number of a person we can contact in the event of an emergency.

_____ **Name**

_____ **Phone**

_____ **Relationship**

Volunteer Statement & Authorization for Background Check

In the Duluth Area Family YMCAs effort to attract the highest quality volunteers, I have been advised that as a part of the application process for volunteer work with the YMCA, an extensive inquiry will be made concerning my prior employment, activities and character and I fully consent and authorize all such inquiries. I further understand that inquiries may be made, concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for volunteer work. I understand that my continued involvement is contingent upon what may come up on a criminal history background check. I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-volunteerism screening process. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Duluth Area Family YMCA does not tolerate child abusers and that the Duluth Area Family YMCA will be seeking information in my background relating to child abuse. I authorize the YMCA to request my employment record from any former employer(s).

In the event of my acceptance by the Duluth Area Family YMCA, I will comply with all policies set forth in the volunteer manual and with other policies established from time to time by the organization.

First Name _____ **Full Middle Name** _____ **Last Name** _____

Maiden, Alias or Former Name _____

Local Address _____
street city state zip

Email _____ **Phone** _____

Please list all of the states AND countries you have lived in _____

Birthdate _____

.....
I certify that all statements made by me on this application are true to the best of my knowledge and 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 work or after acceptance, may cause termination of volunteer work with the Duluth YMCA.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant

Date

Signature of Parent or Guardian if under 18

Date

(Note: A Parent Permission Form will also need to be filled out prior to the youth volunteering)