



YVOLUNTEERS™

We build strong kids, strong families, strong communities.

Volunteer Coaches

Coaches are required on an as needed basis.

You will be contacted after your application to coach is reviewed

Name:	
Address:	Home Phone:
City:	Cell Phone:
Email:	
Are you at least 18 years of age? YES NO	Age:
<p>Which Sport are you interested in coaching? Please circle all that apply:</p> <p style="text-align: center;">Indoor Soccer</p> <p style="text-align: center;">Floor Hockey</p> <p style="text-align: center;">T-Ball</p> <p style="text-align: center;">Baseball</p> <p style="text-align: center;">Tackle Football</p> <p style="text-align: center;">Flag Football</p> <p style="text-align: center;">Basketball</p>	<p>The YMCA Youth Sports programs are open to children ages 2 through 12 and runs for 6 weeks. For most sports there is 1 game per week and a minimum of 1 practice per week.</p> <p>Please make sure you can commit to a 6 week program.</p>
What coaching experience do you have?	



CHEYENNE FAMILY YMCA
 1426 EAST LINCOLNWAY
 CHEYENNE, WYOMING 82001

VOLUNTEER APPLICATION

IT IS THE POLICY OF OUR FACILITY TO RECRUIT, HIRE AND PROMOTE FOR ALL JOB CLASSIFICATIONS ON THE BASIS OF MERIT, QUALIFICATION AND COMPETENCE. THIS APPLIES TO ALL CATEGORIES OF VOLUNTEERS. NO ASPECT OF VOLUNTEERSHIP SHALL BE INFLUENCED BY RACE, COLOR, NATIONAL ORIGIN, RELIGION, GENDER, AGE OR A QUALIFIED PHYSICAL OR MENTAL HANDICAP. ALL VOLUNTEER PLACEMENT DECISIONS WILL BE MADE SOLELY UPON THE BASIS OF THE INDIVIDUAL'S QUALIFICATIONS AS RELATED TO THE REQUIREMENTS OF THE POSITION BEING FILLED.

(PLEASE PRINT)

NAME _____ DATE OF APPLICATION _____
 LAST FIRST MIDDLE

OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED _____

ADDRESS _____
 NUMBER STREET CITY STATE ZIP

PHONE (_____) _____ EMERGENCY CONTACT _____ Phone _____

Email _____

DEPARTMENT: **Administrative** **Front Desk** **Special Events**
 Aquatics **In-Door Park** **Swim Lessons**
 Adult Fitness **Maintenance/Housekeeping** **Teens/Tutoring**
 Concessions **Nursery/Child-Care** **Youth Sports**
 Family Nun Night
 Every First Saturday 6-8pm

SHIFTS YOU ARE AVAILABLE TO WORK: DAYS EVENINGS WEEKENDS

DAY(S) OF THE WEEK YOU ARE AVAILABLE TO WORK _____

ARE YOU COMPLETING COMMUNITY SERVICE HOURS ASSIGNED BY: _____
 YES NO

DATE AVAILABLE: _____ HAVE YOU EVER BEEN EMPLOYED BY A YMCA? YES NO

IF YES, GIVE YMCA ADDRESS _____ DATES OF EMPLOYMENT _____

PERSONAL RECORD

AGE IF UNDER 18 _____ DATE OF BIRTH _____ MALE FEMALE

HAVE YOU BEEN CONVICTED OF A CHILD ABUSE OR UNLAWFUL SEXUAL BEHAVIOR? YES NO

IF YES, EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN _____

IF A VOLUNTEER IS FOUND TO HAVE A CRIMINAL RECORD NOT LISTED ABOVE, VOLUNTEER STATUS WILL BE TERMINATED.

RELATIVES EMPLOYED BY OR ON THE BOARD OF THE CHEYENNE FAMILY YMCA:
 NAME RELATIONSHIP DEPARTMENT

PERSONAL OR VOLUNTEER REFERENCES (NOT RELATIVES)

	NAME	ADDRESS	PHONE	OCCUPATION
1				
2				
3				

EMPLOYMENT HISTORY: LIST PAST THREE EMPLOYERS. LIST PRESENT OR MOST RECENT EMPLOYER FIRST. INCLUDE MILITARY EMPLOYMENT, TEMPORARY AND PART TIME EMPLOYMENT, AS WELL AS FULL TIME POSITIONS.

ARE YOU PRESENTLY EMPLOYED? YES NO

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

EMPLOYER _____ ADDRESS _____ PHONE _____

JOB TITLE _____ IMMEDIATE SUPERVISOR _____

DATES OF EMPLOYMENT _____ SALARY _____ STATUS FULL TIME PART TIME TEMP VOLUNTEER

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

WHAT SKILLS DO YOU HAVE THAT YOU WOULD LIKE TO BRING TO THE YMCA?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE YMCA?

CERTIFICATION: I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE, CORRECT AND WITHOUT OMISSIONS. I AUTHORIZE THE CHEYENNE FAMILY YMCA TO INVESTIGATE THE FOREGOING, AND ANY OTHER INFORMATION WHICH MIGHT ASSIST THEM TO DETERMINE MY QUALIFICATIONS FOR VOLUNTEERING. I RELEASE THE CHEYENNE FAMILY YMCA AND MY FORMER EMPLOYERS/VOLUNTEER AGENCIES , AND ALL OTHERS FROM ANY LIABILITY FOR DAMAGE WHICH MAY RESULT FROM SUCH INVESTIGATIONS. IF, UPON INVESTIGATION, ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO TERMINATION AT ANY TIME DURING THE PERIOD OF VOLUNTEERSHIP.

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

THE CHEYENNE FAMILY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER.