



Application Date: _____

Program: _____

Name: _____ Phone Number: _____

Address: _____ DOB: _____

Social Security Number: _____

Addresses for the past 7 years (Include county): **Dates start and ending:**

Addresses for the past 7 years (Include county):	Dates start and ending:

Employment

Current Employer, if applicable: _____

Your Position/ Title: _____

Dates of Employment (Starting/ Ending): _____

Employer Address: _____

Special Training, skills, hobbies:

Please describe your prior volunteer experience(Include organization names and dates of service):

Why do you want to volunteer?:

Alliance Recreation Center

PO Box 602, Alliance, NE USA 69301

P 308 762 2201 www.alliancerecenter.com.com



References: Please list three people who know you well and can attest to your character, skill, and dependability. Include your current or last employer.

Name/ Organization	Relationship to you	Phone Number

Please read the following carefully before signing.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Alliance Area Family YMCA that is true, correct and complete to the best of my knowledge. I certify that that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Alliance Area Family YMCA. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Alliance Area Family YMCA or my termination as a volunteer.

I hereby consent to permit the Alliance Area Family YMCA to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information.

I hereby authorize any organization affiliated with the Alliance Area Family YMCA to investigate my background as necessary for the consideration of my application.

Applicant's Signature _____ Date _____