



YMCA OF GREATER SPRINGFIELD

ASSOCIATION OFFICES
275 Chestnut Street
Springfield, MA 01104
P: 413.739.6951



VOLUNTEER SERVICES APPLICATION

PLEASE SELECT A FAMILY CENTER

- Input boxes for selecting a family center: Downtown Springfield Y Family Center, Dunbar Y Family & Community Center, Scantic Valley Y Family Center.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
Street City State Zip Code

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

EDUCATION: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other DATE OF BIRTH \_\_\_\_\_

VOLUNTEER CATEGORIES

YMCA Volunteer- Receives no special privileges or financial compensation.
Community Service - N/A
To fulfill requirements of an outside agency for benefits. {# of hours \_\_\_\_\_ per \_\_\_\_\_}
Intern - School credit \_\_\_\_\_
Reason For Leaving: \_\_\_\_\_

Have you volunteered for the YMCA before? If yes, what department? \_\_\_\_\_
Have you volunteered for another organization? If yes, where? \_\_\_\_\_

VOLUNTEER REFERENCES

(Choose someone you recently worked for volunteered for, and someone you have known for many years)

Table with 4 columns: Name, Title, Organization, Phone. Rows 1 and 2 for references.

DAYS AND TIMES AVAILABLE

Table for days and times available: Monday through Saturday, Morning, Afternoon, Evening.

PROGRAM AREAS YOU WOULD PREFER (Please rate with 1 being your top choice(s) to 5 your least favorite.)

HEALTH & RECREATION

- Input boxes for Health & Recreation: Aerobics, Active Older Adults (AOA) programs, Gym Monitor, Cybex Center equipment, Swim lessons/Aquatics programs, Adult sports.

YOUTH-TEENS

- Input boxes for Youth-Teens: Day Care\*\*, Before/after school\*, Baby sitting/ Y Club, Teen Center activities, Camp (in summer), Youth sports (by season).

OFFICE/OTHER

- Input boxes for Office/Other: Clerical support, Fund-raising, YMCA tour guide, Special Events, YSPEED, Specialty programs (I.E., Photography, Arts & Crafts).

\*\*In order to volunteer in these program areas, a physician's note stating that you are in good health plus proof of vaccinations for measles, mumps and rubella is required.



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## VOLUNTEER COMMITMENT

- **CARING** – I will **care** enough to make every effort to fulfill my volunteer service as I have chosen and has been scheduled.
- **HONESTY** – I will make every attempt to **honor** my volunteer commitment. I understand that my presence and service is important, and that I am part of the “whole” that makes everything run smoothly and efficiently.
- **RESPECT** – I will **respect** my co-workers, fellow volunteers, all those who will benefit from my service by understanding that my service has merit and that what I do affects others.
- **RESPONSIBILITY** – Will be **responsible** by making every effort to do a good job, to follow directions, and to ask questions if I do not understand something. I will call my supervisor when I cannot come in.

I understand that volunteering is an opportunity to live and to exemplify these values, and that I can enrich the lives of others as well as my own through my volunteer service.

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Name

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Date



YMCA OF GREATER SPRINGFIELD

YMCAS  
172zG  
FE052

CHAPTER 6, §172G CORI REQUEST FORM

YMCA of Greater Springfield is requesting all available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172G, which mandates operators of camps for children to request CORI and juvenile data regarding all employees or prior to employment or **volunteer service**.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER  
(last 6 digits only)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_.

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE