

Y-PALS Volunteer Application

All information provided in this application will be handled confidentially. This application will be used to make decisions about volunteer placement.

I. GENERAL INFORMATION

Name: _____
First MI Last

Address: _____
Street City State Zip

How long have you lived at this address? _____

Phone Numbers:

_____ Home _____ Work _____ Cell

Email Address: _____

Place of Employment: _____

Supervisor's Name: _____

Supervisor's Phone Number: _____

Do you give permission to Y-PALS personnel to contact your supervisor about your suitability as a volunteer? _____

Date of Birth: _____ Marital Status: _____

Number of Children: _____

Family Members Living in the Home:

<div>Name</div>	<div>Age</div>	<div>Relationship to Volunteer</div>
<div>Name</div>	<div>Age</div>	<div>Relationship to Volunteer</div>
<div>Name</div>	<div>Age</div>	<div>Relationship to Volunteer</div>
<div>Name</div>	<div>Age</div>	<div>Relationship to Volunteer</div>
<div>Name</div>	<div>Age</div>	<div>Relationship to Volunteer</div>

II. REFERENCES

List three persons, not related to you, who have knowledge of your qualifications. Please provide complete addresses and phone numbers.

<div>Name:</div>	<div>Phone:</div>
<div>Address:</div>	
<div>Street</div>	<div>City</div>
<div>State</div>	<div>Zip</div>
<div>Name:</div>	<div>Phone:</div>
<div>Address:</div>	
<div>Street</div>	<div>City</div>
<div>State</div>	<div>Zip</div>
<div>Name:</div>	<div>Phone:</div>
<div>Address:</div>	
<div>Street</div>	<div>City</div>
<div>State</div>	<div>Zip</div>

III. VOLUNTEER PREFERENCES

How far are you willing to drive to your Y-PAL's home? _____

Many of the children in the Y-PALS program are coping with difficulties in one or more areas of their lives. Put a check mark next to the difficulties you **would not be willing** to accept in your Y-PAL.

- _____ Attention Deficit Disorder (ADD)
- _____ Attention Deficit Hyperactive Disorder (ADHD)
- _____ Bedwetting
- _____ Belligerence
- _____ Child / Parent Conflict
- _____ Criminal History (Stealing, Vandalism, Truancy, etc.)
- _____ Demanding Parent
- _____ Depression
- _____ Eating Disorder
- _____ Economic Deprivation
- _____ History of Abuse
- _____ History of Substance Abuse
- _____ Homosexual or Bisexual Parent
- _____ Household Confusion
- _____ Incarcerated Parent
- _____ Introverted Personality (Loner)
- _____ Jealous Brother or Sister
- _____ Low Academic Performance
- _____ Low Motivation
- _____ Low Self Esteem
- _____ Lying / Cheating

- _____ Mental Handicap
- _____ Obesity
- _____ Parent with a Physical or Mental Handicap
- _____ Physical Handicap
- _____ Poor Personal Hygiene
- _____ Profanity
- _____ Repeated Use of Manipulation
- _____ Sexual Activity
- _____ Other _____

IV. ACTIVITIES / INTERESTS

Check the things that you enjoy.

- | | |
|-------------------------------|------------------------------|
| _____ Airplanes | _____ Jogging / Track |
| _____ Ballet | _____ Karate / Judo |
| _____ Baseball / Softball | _____ Metal Crafts |
| _____ Basketball | _____ Miniature Golf |
| _____ Bicycling | _____ Model Cars / Airplanes |
| _____ Board Games / Cards | _____ Motorcycling |
| _____ Boating / Skiing | _____ Movies / TV |
| _____ Body Building | _____ Museums |
| _____ Bowling | _____ Needlework / Sewing |
| _____ Camping | _____ Oceans / Oceanography |
| _____ Car / Motorcycle Repair | _____ Painting / Drawing |
| _____ Ceramics | _____ Photography |
| _____ Chemistry | _____ Picnics |
| _____ Coins / Stamps | _____ Plays / Theatre |
| _____ Community Festivals | _____ Pool / Ping Pong |

_____ Computers	_____ Rodeos
_____ Cooking	_____ Shopping
_____ Crafts	_____ Skating
_____ Drama / Acting	_____ Soccer
_____ Electronics	_____ Swimming / Diving
_____ Environmentalism	_____ Tennis / Raquetball
_____ Fishing	_____ Trading Cards
_____ Football	_____ Video Games
_____ Gardening	_____ Vocal Concerts
_____ Golf	_____ Woodworking
_____ Hiking	_____ Wrestling / Boxing
_____ Horseback Riding	_____ Writing / Journalism
_____ Ice Skating	_____ Zoos / Farms / Pets
_____ Instrumental Concerts	_____ Other _____

V. SIGNATURE & AUTHORIZATION

The information provided here is correct to the best of my knowledge. I give Y-PALS personnel permission to contact my employer and the character references. I understand that misrepresenting or ommitting requested information is just cause for nonselection or termination of a Y-PALS volunteer.

Applicant Signature: _____

Date: _____

Please also read the attached Y-PALS Volunteer Policy at your earliest conveneience. If you have any questions or would like further information, please contact Shawn Hurtgen at 660-646-6677. This form can be returned to Shawn Hurtgen, Y-PALS and Christian Outreach Director, Grand River Area Family YMCA, 1725 Locust, Chillicothe, MO 64601.