



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL STAFF/VOLUNTEER APPLICATION

Personal Information:

Name: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone # (Home): _____ Phone # (Work): _____
How long at current address: _____ Drivers License No.: _____ State Issued: _____
Have you ever previously worked for or volunteered at the YMCA of Hannibal? ☐ yes ☐ no
If yes, please complete the following. Dates worked: _____ to _____ Position: _____
Please list your addresses in the past seven years:

Application Are you applying for an employee or volunteer position? ☐ Employee ☐ Volunteer

What do you like most about your current job?

What do you least enjoy about your current job?

COMPLETE IF APPLYING TO WORK WITH CONSUMERS

Why do you want to work with consumers?

What age group or sex do you prefer to work with? Why?

What is your philosophy about discipline?

What do you do when you are upset or angry about something?

What do you do when you are upset or angry about something?

List 3 strengths and 3 challenges you have in working with consumers:

Strengths

- 1.
- 2.
- 3.

Challenges

- 1.
- 2.
- 3.

Employment History

Dates of Employment (Start with most recent)	Company Name and Address (City, State, Zip)	Immediate Supervisor Name and Phone #	Position Held	Reason for Leaving Position
Started: Ended:				
Started: Ended:				
Started: Ended:				

Educational History

School Name	City, State, Zip	Type of School	Name of Program or Degree	Program completed?

References

Reference Name	Address (City, State, Zip)	Best Phone Number to Reach Reference	Email Address	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic:					
Professional/Civic:					
Personal:					
Personal:					
Family Member:					

Volunteer Experience

Please list your volunteer experiences with non-profit organizations.

Organization	Duties	Dates	Contact Person	Phone #
		Started: Ended:		
		Started: Ended:		
		Started: Ended:		

The YMCA of Hannibal appreciates your willingness to share your skills. Providing safe and secure programs for our consumers is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community.

Authorization and Submittal:

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge. I authorize the YMCA of Hannibal to verify the information provided, including performing background checks and contacting references and current/previous employers.

Applicant's printed name

Today's Date