



**YMCA OF WASHINGTON COUNTY IOWA
EMPLOYMENT/HIGH-ACCESS VOLUNTEER APPLICATION**

PERSONAL

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

How long at current address? _____

Driver's License: State Issued _____ Number _____

Have you ever been employed by or volunteered for the YMCA of Washington County before?

Circle One Yes No

If yes, give dates _____ Location/Branch _____

Position _____

Please list your addresses for the past seven years _____

EMPLOYMENT/VOLUNTEERING DESIRED

Position applying for _____

What interests you about this position? _____

Tell us about your work experience. How does your experience make you a good fit for this position? _____

What do you like most about your current job? _____

What do you like least about your current job? _____

Why do you want to work with members/participants? _____

What age/sex of member/participant do you prefer to work with? Why: _____

What is your philosophy on discipline/guidance? _____

What do you do when you are angry/upset about something? _____

Other than through employment, how are you involved with working with the public? _____

Washington Community YMCA
520 W. 5th St.
Washington, IA 52353

Wellman Parkside YMCA
525 13th St.
Wellman, IA 52356

Kalona YMCA Rec Center
511 C Ave.
Kalona, IA 52247

List the 3 strengths and 3 challenges you have in working with the public

Strengths

Challenges

Do you have any special training, skills, qualifications or other experiences that relate to the position applied for? _____

What are you available to work? Circle One Part Time Full Time Seasonal

Date available to start work _____

List any relatives working for the YMCA of Washington County _____

EDUCATION

Note: For reference checking purposes, please indicate any other names under which you obtained your education.

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School _____

Name of College _____

Years of college completed _____ Degree _____

EMPLOYMENT EXPERIENCE

Start with your present or last employer and work back, accounting for all periods of unemployment. If you were ever employed under a different name, please give that name.

Employer	Start Date	End Date	Work Performed
Address			
Job Title	Wage		
Reason for Leaving			
Supervisor	Phone	Email	
May we contact this employer? Yes No			

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Address			
Job Title	Wage		
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Address			
Job Title	Wage		
Reason for Leaving			
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Address			
Job Title	Wage		
Reason for Leaving			
Supervisor	Phone	Email	
May we contact this employer? Yes No			

VOLUNTEER EXPERIENCE

List your volunteer experiences. Use the back of this application if needed.

Organization	Duties	Dates	Contact Person	Phone/Email

CERTIFICATIONS

Name of Certification	Issuing Organization	Expiration
CPR/1 st Aid		
Lifeguarding		
Swim Instructor		
Fitness		
Child Development Associate		
Other Certifications (Specify)		

REFERENCES

List three people who are not related to you and can furnish information about you. Do not repeat supervisors listed above.

Name	Phone	Email	How long Have you known this person?	Has this person agreed to provide a reference?
Professional				
Professional				
Personal				
Personal				

By signing below, I certify that the information contained in this application for employment/volunteerism is correct and complete. I realize that misrepresentation of facts called for in this application will be cause for rejection of my application or dismissal after my employment/volunteer acceptance.

Signature _____ Date _____