

YMCA Employment/Volunteer Application Form

Applying for: Employment	Volunteer		
Position being applied for:			
Date available to begin work			
PERSONAL DATA			
Last Name	Given Name		Initial
Address			Apt. #
City	Province	Postal Code	e
Home Telephone #	Other Telephone	e #	
Email Address			
Are you over 18 years of age? Are you legally entitled to work in To determine your qualifications f academic and other achievements information may be attached on a	for employment, please provide k s including volunteer work, as we		
Highest grade or level completed	d		
License, certificate, diploma or de	egree awarded? Yes	☐ No	
Type: Community C	College University		
Length of Program			
Name of Program			
Diploma/Degree Awarded			
Major subject			
Licenses or certificates awarded			

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WORK RELATED SKILLS

Describe any of your work related skills, experience or training that relate to the position being applied for.

EMPLOYMENT HISTORY				
Function/Responsibilities Name of present/last employer/job Period of employment	From:	To:		
Function/Responsibilities Name of present/last employer/job		To		
Period of employment Function/Responsibilities Name of present/last employer/job	From:	10:		
		uired, at least one of which must be a CA of Owen Sound Grey Bruce. Organization Name	Telephone and Email:	
1	Title:	Organization Nume	receptione and Email.	
2				
3				
	as a volunteer/staff at r that is ethical, legal a	the YMCA of Owen Sound Grey Bruden that will reflect well upon the YN		
		Judicial Matters Check and Vulnerabing employment/volunteering if I am		
☐ I do not have any a		luct against me and there is nothing	known to me that could prevent	

		e no charges or convictions under to ed under the <i>Criminal Records Act</i>	Canada for which a pardon has not been issued or				
OR	_						
	offen	I am currently the subject of charges under the <i>Criminal Code of Canada</i> or I have been convicted of a criminal offence under the <i>Criminal Code of Canada</i> for which a pardon under the <i>Criminal Records Act (Canada</i> has not been issued or granted. (In this case please provide the details below): 1. a) Date:					
		c) Charges/Conviction:					
		by declare that the foregoing info statement may disqualify me from		complete to my knowledge; I understan nteering or cause my dismissal.	d that a		
Have	you atta	nched an additional sheet?	Yes	□ No			
Sign	ature of	Applicant		Date			
Date	receive	d:		_			
Refe	rences c	hecked:					

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PRIVACY STATEMENT

Staff Signature

The YMCA of Owen Sound Grey Bruce is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect, use and disclose personal data in order to better meet your service needs, to ensure a safe environment while you are visiting our centres, for statistical purposes, to inform you about the YMCA program or service in which you are registered, to complete payment transactions and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. We do not sell, trade or otherwise share our mailing lists. However, if at any time you wish to be removed from a Y mailing, simply contact us by phone (519) 376-0484. Please allow 15 business days to allow us to update our records accordingly.

Date