VOLUNTEER OPPORTUNITY #13

*Kings Bay – YM YWHA:* Positions are available year-round in our many After-School Programs, Sunday programs, and the Physical Education/Sports department.

Volunteer to work at our popular Summer Day Camp and (in addition to community service credits), receive a free, one-year membership to our community center.

Enjoy a year of access to our olympic-size swimming pool, steam rooms, saunas, fitness center, gymnasium and exciting programs.

If you are interested, see the information and application below...

**Important Note:** If you are selected for the internship, please inform Mr. Honor immediately via email at: bths.internship@gmail.com
It’s never too late to plan for

Apply now as a VOLUNTEER/INTERN with the
Kings Bay Y Summer Day Camp
and receive
FREE MEMBERSHIP FOR A YEAR!!

Volunteer to work at our popular Summer Day Camp and (in addition to community service credits), receive a free, one-year membership to our community center.
Enjoy a year of access to our olympic-size swimming pool, steam rooms, saunas, fitness center, gymnasium and exciting programs.

Volunteers must be 14+ by June 2012, and must work a full time schedule during the day camp season to be eligible for the free membership offer.

For further information and to apply, contact Sheryl Connelly at 718.648.7703 x242, or SConnelly@KingsBayY.org.

3495 Nostrand Ave. (corner of Ave V)
Brooklyn NY 11229
Tel. 718.648.7703
www.KingsBayY.org
APPLICATION FOR VOLUNTEER/INTERNSHIP POSITION

Last Name: _______________________________________   First Name: ___________________________________________

Gender: ________________________    Date of Birth (d/m/y): __________________________  Age: __________________

Home Address: ____________________________________________________________  Apt. No.: _____________________

City, State, Zip Code: ______________________________________________________________________________________

Email Address: ____________________________________________________________________________________________

Home Phone: ____________________________  Cell Phone: __________________________

Emergency Contact Name and relationship: _______________________________________________________________

Emergency Contact phone number: _______________________________________________________________________

How did you learn about the Kings Bay Y? _______________________________________________________________

List the times you are available to work:

SUN: _______________           MON: _______________         TUES: _______________        WED: _______________

THURS: _______________        FRI: _______________             SAT: _______________

Circle which of the following departments most interests you:

Early Childhood    Athletics    Jewish Education    Children    Clerical/office    Teens
Community Events    Art    Summer Camp    Older Adults/Seniors    Music

Employment History/References (list most recent first):

(1) Agency Name: ________________________________________________________________

Contact, Title and telephone number: ______________________________________________

Your role with that Agency: _______________________________________________________

Brief description of responsibilities: ______________________________________________

(2) Agency Name: ________________________________________________________________

Contact, Title and telephone number: ______________________________________________

Your role with that Agency: _______________________________________________________

Brief description of responsibilities: ______________________________________________
Education (list most recent first):

(1) School Name: _________________________________________________________________________________________
Address/Contact Information: ______________________________________________________________________________
Degree earned/year graduated: __________________________________________________________________________

(2) School Name: _________________________________________________________________________________________
Address/Contact Information: ______________________________________________________________________________
Degree earned/year graduated: __________________________________________________________________________

Background information:

Please list any professional or organizational affiliations:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Briefly highlight three of your strengths/skills:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Have you ever been convicted of a crime? If so, please explain:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

I hereby give permission to the Kings Bay YM-YWHA, Inc. or any of its affiliates, to use my image in photographs for promotional purposes; and release the agency from any claims that may arise from said photos, on or following the date of this application (please check the box if you agree to this statement).

Signature: ____________________________ Date: ___________________________

The Kings Bay YM-YWHA is an equal opportunity provider and employer, and does not discriminate on any basis in accordance with the US Dept of Agriculture policy; nor based on race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal or State laws. The Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990. To file a complaint of discrimination, write to the Office for Civil Rights/USDA, 3313 New York, NY 10278. The telephone number is (212) 264-3313 or (212) 264-2355 (TDD); the fax number is (212) 264-3039. To file a complaint of discrimination concerning funded food programs, write to USDA, Director/Office of Civil Rights/1400 Independence Avenue S.W./Washington D.C. 20250-9410. You can also call (866) 632-9992 (voice) or (800) 877-8339 (TDD).