

Cleveland County Family YMCA VOLUNTEER APPLICATION



PERSONAL (please give your FULL, LEGAL name)

Last Name	First Name	Middle Initial	Home Phone: () _____ day _____ evening
I prefer to be called:			Alternate Phone: () _____ work _____ cell _____ other
Street Address:			Email Address:
City, State, Zip:			Best time to reach you:
Volunteer position you're applying for:			Are you a YMCA Member? Yes _____ Branch: _____
Other areas of interest:			No _____
Date of Birth: ____/____/____			
Emergency Contact Name:		Relationship:	Phone number:
(Please list someone OUTSIDE your home – in the event of an emergency, we would automatically contact your home first, then this backup contact.)			
Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years? Have you ever been convicted of, or plead guilty to, a felony?			
Yes _____ No _____ If Yes, describe in full: _____			

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? Yes _____ No _____
IF YES, name of school: _____ Is this a Service-Learning experience? Yes _____ No _____
Number of Hours needed: _____ Deadline to Complete Hours: _____

COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours? Yes _____ No _____
IF YES, offense: _____ Number of hours needed: _____ Deadline to complete hours: _____
Parole/Probation Officer's name: _____ Phone: _____

RELATED BACKGROUND

Have you previously volunteered for or been employed by another YMCA? Yes _____ No _____ If Yes, please list all YMCAs and dates:			
<u>YMCA:</u>	<u>City, State:</u>	<u>Dates worked</u>	AND/OR <u>Dates volunteered</u>
1)	1)	1)	1)
2)	2)	2)	2)
Have you previously volunteered for other organizations: Yes _____ No _____ If yes, Organization name/duties: _____			
Current/most recent employer:		Location:	
Position:		How long:	
Current/most recently attended school:		Location:	
Current year in school/highest level completed:		Date completed (or graduation date):	
Certifications held (include date of expiration):			

REFERENCES

For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives/ household members.

1	Name: Relationship to you:	Phone number: Email:
2	Name: Relationship to you:	Phone number: Email:
3	Name: Relationship to you:	Phone Number: Email:

Conditions of Volunteer Participation and Release from Liability

The Cleveland County Family YMCA's desire is to build a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Cleveland County Family YMCA ("YMCA") to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation.

Volunteer Terms: I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the YMCA does not provide volunteer compensation or trade volunteer services for membership or program fees.

Property Loss: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

Medical Treatment: I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment for such medical treatment.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

I also give permission for my dependent to participate in YMCA volunteer activities.

Parent or Guardian, if Applicant is under age 18

Date

For Cleveland County Family YMCA Staff Use Only

Branch/Site: _____ Program Placement(s): _____

Program Director/Supv: _____ Approximate Start Date: _____

Follow-up (dates):

Background form faxed (if applicable): _____