



Program Volunteer Application

Legal First Name I prefer to be called:		MI	Legal Last Name	
Address		Apt	City/State	Zip
Home Phone:	Alternate Phone:	Email:		I prefer to be contacted by: 0 home phone 0 alternate phone 0 email
Emergency Contact Name:		Relationship:	Phone Number:	
I am a YMCA Member: 0 Yes, My Branch is: _____ 0 No I would like information about becoming a YMCA member 0 Yes 0 No If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application			My birth date (MM/DD/YEAR): _____ Birth date required. For the safety of our participants, staff and volunteers, YMCA may use to run a limited criminal history check.	
Have you been arrested, charged, or convicted of a crime in the last 10 years? (Only arrests/charges/convictions which the YMCA believes are reasonably related to the volunteer duties will be considered; some convictions over 10 years old may also be considered when background checks are completed.) 0 Yes 0 No				
IF YES TO ABOVE: Are the charges still pending? 0 Yes 0 No Have the charges been dismissed? 0 Yes 0 No Did the charges result in conviction? 0 Yes 0 No				
Please explain any "yes" answers, including crime(s), year(s), location(s) and circumstances; attach additional page(s) if necessary:				
STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "YMCA STAFF USE ONLY" section on reverse				

VOLUNTEER ENGAGEMENT

Volunteer Position I am applying for: _____
 How I heard about Y volunteering: 0 Court System 0 School 0 Invited by the YMCA 0 Job/Internship Fair 0 Newspaper
 0 Opportunity Listing 0 Word of mouth 0 YMCA Website 0 United Way Vol. Center
 0 Volunteer Match 0 Other Online Source _____ 0 Other _____

REQUIRED COMMUNITY SERVICE

Number of Hours needed: _____ Deadline to complete hours: _____
 Is this a school requirement/ for school credit? If yes, name of school _____
 Is this a court requirement? If Yes, offense: _____
 Parole/Probation Officer or Court Contact Name: _____ Phone: _____

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "YMCA STAFF USE ONLY" section on reverse

Have you ever volunteered for a YMCA or been employed by a YMCA? Yes _____ No _____
 If yes, please indicate which YMCA(s), what you did there and when:

YMCA Name	City & State	Job/Volunteer	Dates Employed/Volunteered
1			
2			

Why do you want to volunteer? (Please check all that apply)

- Do something good
 Church program requirements
 Meet new people
 Gain experience in a desired field of work
 Internship requirements
 School graduation requirements
 Use or develop skills unrelated to work
 Other (please specify) _____

Availability

How many hours per week do you wish to commit to a YMCA volunteer assignment? _____

If not a weekly volunteer assignment, what schedule can you commit to? _____

How long will your initial commitment to YMCA volunteer work be? _____

Six months
 a year
 other: _____

Please use the grid below to indicate your current availability for a YMCA volunteer assignment

Time of Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Related Background Information

Please list any Training, Formal Education, Certifications, Work Experience, Skills or Interests You Can Apply as a YMCA Volunteer

Reference

Please supply work, volunteer or personal references. Reference # 3 MUST be a relative.

Name	Relationship to You	Address	Phone Number(s)

CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the River Valley Regional 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 River Valley Regional 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

PARENT OR GUARDIAN — if Applicant is under 18

Legal First Name

MI

Legal Last Name

I am a YMCA Member: No Yes, My Branch is: _____

I would like information about becoming a YMCA member Yes No

If you cannot afford the full cost of a membership, please ask for a confidential Financial Aid Application

Address (if different from youth applicant)

Apt

City/State

Zip

Phone Number

Email

Parent or Guardian Signature: _____ Date: _____

Volunteer Identification YMCA STAFF USE ONLY

Must provide two forms of proof of Identity (Please copy original documents and attach to this form)

Driver's License _____ Social Security Number _____

Birth Certificate _____