

CHANGE LIVES CHANGE YOUR COMMUNITY



HOPKINS COUNTY FAMILY YMCA VOLUNTEER APPLICATION

Mark all of the areas you are interested in volunteering:

- Administration/Clerical Annual Campaign Maintenance Nursery
 Aquatics Youth Sports Wellness/Fitness Teens

Last Name _____ First Name _____ Middle Initial (required) _____

SSN (required for background check) _____ Phone _____ Email _____

Emergency Contact _____ Phone _____

Are you over 16? Yes No If under 16, current age: _____ Have you ever volunteered at the Y before? Yes No

MARK THE DAYS AND TIME AVAILABLE TO VOLUNTEER:

Weekdays Monday _____ Tuesday _____ Wednesday _____ Thursday _____
 Weekends Friday _____ Saturday _____ Sunday _____

BACKGROUND INFORMATION *MUST include copy of Driver's License

Please list any other name(s) you may have used in the past: _____

Driver's License #: _____ State Issued: _____ Driver's License Classification _____

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No

Why are you interested in volunteering with the YMCA?

Are you required to volunteer? Yes No If yes, # of hours needed: _____ Deadline: _____

Name of school/agency/government body requiring community service: _____

REFERENCES:

List three references that have known you at least three years whom you authorize us to contact:

Type:	Name:	Contact info:	Years Known
<input type="checkbox"/> Family Member		Phone: Email:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Phone: Email:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Phone: Email::	

**References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian. Email addresses needed **

STATEMENTS OF UNDERSTANDING. Please initial each statement and sign.

___ 1. I understand that some sections of the Hopkins County Family YMCA **Program Volunteer Policies and Procedures**, **Child Abuse Prevention Code of Conduct** and **Child Abuse Reporting Procedures** may apply to me and I have received a copy upon beginning my volunteer service.

___ 2. I understand the YMCA does not discriminate based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, age or other legally protected status.

___ 3. I understand the YMCA reserves the right to conduct criminal background and reference checks on all volunteers.

___ 4. I understand that the YMCA nor its agents, employees, servants, or invitees shall be liable to me or any of my family, agents, employees, servants or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused. I will not hold the YMCA responsible for any injuries or accidents that may occur.

Signature of Applicant _____ Date _____ Printed Name _____

Parent Signature _____ Date _____ Printed Name _____
(if applicant is under 18)

Supervisor of Volunteer _____

___ (please check) photo copy of photo ID of volunteer attached. Position or area to volunteer _____

