

CHANGE LIVES CHANGE YOUR COMMUNITY



VOLUNTEER APPLICATION FOR Switzerland County YMCA

Please return completed form to the front desk of the Switzerland County YMCA

Name: _____ Date: _____
DOB: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Cell Phone: _____

Email Address: _____

Please check all volunteer opportunities in which you may be interested:

Volunteer Opportunities

- ◇ Board of Directors
- ◇ Fundraising (Annual Campaign)
- ◇ Facilities (Painting/landscape)
- ◇ Membership (front desk) (Ages 18+)
- ◇ Special Events
- ◇ Kid's Club Assistant (Ages 15 and up)
- ◇ Wellness Assistant

Check days & times you are available:

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

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

Position Applying For:

- ◇ One time volunteer
- ◇ Long term volunteer

Preferred Start Date:

- ◇ ASAP
- ◇ Date: _____

Preferred End Date:

- ◇ Ongoing
- ◇ Date: _____

Why are you interested in volunteering at the Y?

How do you hope to benefit from this experience?

VOLUNTEER APPLICATION FOR Switzerland County YMCA, PG 2

VOLUNTEER INFORMATION DISCLOSURE & CONSENT

I understand that the YMCA is committed to its mission of providing programs that support youth development, healthy living, and social responsibility and makes every effort to ensure a safe environment for staff, members, program participants and volunteers. As such, in conjunction with the application for volunteer service for the Switzerland County YMCA, I authorize the YMCA to use a third party vendor to obtain information about any criminal history and/or criminal records in my background. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I understand that you may rely on the above reference information in determining whether to extend an offer of volunteer service to me. I understand that these are my rights under the Fair Credit Reporting Act, which governs third party collection of this kind of data.

I have read the above disclosure and hereby authorize the YMCA or its authorized agents to obtain the above referenced information about me. If I am chosen as a volunteer, this authorization shall remain on file and shall serve as an ongoing authorization for the YMCA to obtain any criminal history and/or criminal records about me any time during my service with the YMCA. I hereby release and hold the Switzerland County YMCA harmless from all claims arising under this application.

Date of Birth: (MM/DD/YY) _____/_____/_____
Social Security # (required): _____/_____/_____

VOLUNTEER AGREEMENT

___ I understand that I am a volunteer for a non-profit social service agency and that I am donating my time/service to the Switzerland County YMCA. As a volunteer, I understand that I will not receive any compensation, benefits, or exchange of privileges in return for my service.

___ I understand that failure to perform my assigned duties or follow YMCA policies, practices, and/or Volunteer code of Conduct may result in the termination of the volunteer relationship. I further understand that either the YMCA or I can sever the volunteer relationship at any time with or without notice or cause.

Sign below indicating that you have read this entire page and agree to the above statements.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if volunteer is under 18 years)