



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the children, families, and adults who live along the Treasure Coast.

At the Y, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the Y for the wrong reasons. The Y, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA.

If you would prefer to complete this process on-line eliminating the need to share your personal information please contact the Director of the Department that you would like to volunteer in and they can give you the log-in information. If you have any questions about this or any part of our application process, please contact **Charlene Foster, Exec. Assistant to the CEO at (772) 286-4444 ext. 235 or cfoster@ymcatreasurecoast.org**

****** Please include a copy of your photo ID (front desk can make a copy) ******

Today's Date _____ (Month/Day/Year) Mr. Mrs. Miss Ms. Rev. Dr. Other

Name _____
(Last) (First) (Middle)

Maiden Name _____ Any other names used in the past _____

******* NEED SS# FOR BACKGROUND CHECK – IF YOU WOULD NOT LIKE TO SHARE YOUR SS#
SEE THE DIRECTOR OF THE DEPARTMENT YOU WISH TO VOLUNTEER IN *******

Social Security Number _____ - _____ - _____ Date of Birth _____ Age: _____

Email Address: _____

Address _____

City _____ State _____ Zip _____ Length of time at address? _____

Phone: Day _____ Evening _____

.....FOR OFFICE USE.....

VI _____ IDB _____ RIDB _____ DAXKO _____

BG DATE _____ Y N ID _____ COC _____ PC _____ SS _____

Residences

Please list your last two addresses (excluding your current address) starting with the most recent:

1. _____
Street address City State Zip County

From when to when? _____ (include month and year)

2. _____
Street address City State Zip County

From when to when? _____ (include month and year)

Some County Sheriff’s Departments require a person’s race for a background check, your race below:

- African American
- Hispanic
- Caucasian
- American Indian
- Asian
- Other _____

Are you 18 years of age or over?

- Yes
- No (If no, please have your parent or guardian sign the application, too.)

Emergency contact

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone: Day _____ Evening _____

Interests:

Please circle two or more areas that interest you:

- | | | | |
|------------|------------------|-------------------------|----------------|
| Aquatics | Coaching | Gymnastic/ Cheerleading | Sports |
| Camp | Concession Stand | Hockey/ Skating | Special Events |
| Childcare | EasterHouse | Housekeeping | TBA |
| ChildWatch | Fitness | Maintenance | Wrestling |
| Clerical | Front Desk | Referee | Other |

Please circle the location that interests you? **Stuart SportsWorld PSL Fort Pierce Indiantown Okeechobee**

References

Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

2. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

3. Name _____

Address _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

Your signature _____ Date _____

Parent or guardian signature _____ Date _____

(if you're under 18)

*******YOU MUST PROVIDE A PHOTO ID WITH APPLICATION*******

revised on 1-18-12

Statement of Volunteer Applicant

Adapted with permission from the Child Abuse Prevention Training module by the YMCA of the USA.

In the Treasure Coast YMCA's efforts to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

If the Treasure Coast YMCA accepts my volunteer service, I will comply with all the volunteer code of conduct and with other policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that for some volunteer assignments, health screenings are required by law, and for such assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied due to information received from a reporting agency. I have received a copy of the Fair Credit Reporting Act. Upon written request, within a reasonable period of time, I will be given a full and accurate disclosure as to the nature and substance of all information provided to the YMCA.

I understand that it is this YMCA's policy to secure conviction-only criminal history information as a part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. I understand that the Treasure Coast YMCA does not condone child abusers and that the Treasure Coast YMCA will be seeking information in my background related to child abuse.

Name (last, first, middle)

Names previously used/name before marriage

Birthdate Race Sex

Social security number

Driver's license number

I certify that all statements made by me on this application are true to the best of my knowledge have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation. and that I

I also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer

wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

VOLUNTEER POLICIES ACKNOWLEDGEMENT

All volunteers are accountable for reading and understanding the YMCA of the Treasure Coast Volunteer Background Investigations and Recorded Hours Policy, Volunteer Code of Conduct Policy, and the Summary of Rights Under the Fair Credit Reporting Act. Copies of these policies are available on our web site: [www. YMCATreasurecoast.org](http://www.YMCATreasurecoast.org). If you are unable to access this site, it is the volunteers responsibility to request a written copy of these policies from a YMCA of the Treasure Coast location. All volunteers are asked to sign this acknowledgment that they have read and understand the policies as a condition of volunteering at our YMCA.

I have reviewed the policies and information pertaining to volunteering at the YMCA. I will perform my duties in such a manner as to further the stated goals and purposes of this Association. Also, I understand that the Volunteer Policies and all of its provisions contained herein are not intended to be an enforceable volunteer contract and that my involvement may be terminated at any time for any reason, at the will of the YMCA of the Treasure Coast.

Policies are subject to change; therefore, I acknowledge that revisions may occur, except to the policy of volunteering-at-will. All changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies.

I WILL READ AND ABIDE BY THE RULES OF THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE TREASURE COAST, FLORIDA, INC.

Signature of applicant

Date

Signature of parent or guardian if applicant is under 18

Date
