



Program Volunteer Application

PERSONAL INFORMATION—Please Print Clearly

Legal First Name		MI	Legal Last Name	
I prefer to be called:				
Address		Apt	City/State	Zip
Home Phone:	Alternate Phone:	Email:		I prefer to be contacted by: <input type="checkbox"/> home phone <input type="checkbox"/> alternate phone <input type="checkbox"/> email
Emergency Contact Name:		Relationship:	Phone Number:	
<i>(Please list someone OUTSIDE your home—in the event of an emergency, we would automatically contact your home first, then this backup contact)</i>				
I am a YMCA Member: <input type="checkbox"/> Yes, My Branch is: _____ <input type="checkbox"/> No			My birth date (MM/DD/YEAR): _____	
I would like information about becoming a YMCA member <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application</i>			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 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 last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes to either question describe in full (including location):				

STUDENT VOLUNTEERS

I am looking to fulfill a school requirement and/or will receive school credit for my service: <input type="checkbox"/> No <input type="checkbox"/> Yes, Name of School _____
This a Service-Learning experience: <input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Hours needed: _____, Deadline to complete hours: _____

COMMUNITY SERVICE VOLUNTEERS

I am looking to complete Court Ordered Community Service Hours: <input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Hours needed: _____, Deadline to complete hours: _____
If Yes, offense:
Parole/Probation Officer or Court Contact Name: _____ Phone: _____

RELATED BACKGROUND

I have previously volunteered for and/or been employed by other YMCAs: <input type="checkbox"/> No <input type="checkbox"/> Yes (please tell us about it)			
<u>YMCA:</u>	<u>City, State:</u>	<u>Dates Worked:</u>	<u>Dates Volunteered:</u>
1.	1.	1.	1.
2.	2.	2.	2.
My current/most recent employer:		Location:	
Position:		How long:	
My current/most recent school attended:		Location:	
My current year in school/highest level completed:		Date completed (or graduation date):	
Certifications I hold (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 me:	Phone number: Email:
2	Name: Relationship to me:	Phone number: Email:
3	Name: Relationship to me:	Phone number: Email:

VOLUNTEER ENGAGEMENT

Volunteer Position I am applying for: _____

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

CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

The YMCA of Greater Seattle's mission is: Building 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 YMCA of Greater Seattle ("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 of Greater Seattle 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: _____

YMCA BRANCH USE ONLY

Volunteer Identification	<input type="checkbox"/> Washington State ID or License <input type="checkbox"/> Other _____
	Name on ID _____ Date of Birth on ID _____ Verified by _____

Branch Information	Branch/Site: _____	Additional Paperwork Checklist	Mandatory for all: <input type="checkbox"/> References (minimum 2) <input type="checkbox"/> Safety Orientation/Abuse Prevention form <input type="checkbox"/> WSP form with thumbprint <input type="checkbox"/> ACAD form (criminal disclosure) Mandatory for DEL/DSHS licensed position only: <input type="checkbox"/> DEL/DSHS form (licensed programs only) <input type="checkbox"/> FBI Finger Prints (for select DSHS only)
	Program Director/ Supervisor: _____		
	Program Placement(s): _____		
	Approximate Start Date: _____		
	Intake Process Completed (date): _____		