



Program Volunteer Application

PERSONAL INFORMATION—Please Print Clearly

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: <input type="checkbox"/> home phone <input type="checkbox"/> alternate phone <input type="checkbox"/> email

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____
(Please list someone OUTSIDE your home—in the event of an emergency, we would automatically contact your home first, then this backup contact)

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

IF YES TO ABOVE: Are the charges still pending? Yes No
 Have the charges been dismissed? Yes No
 Did the charges result in conviction? Yes 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: 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 _____

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: _____

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RELATED BACKGROUND

I have previously volunteered for and/or been employed by other YMCAs: No Yes *(please tell us about it)*

1.	YMCA:	1.	City, State:	1.	Dates Worked:	1.	Dates Volunteered:
2.		2.		2.		2.	

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 use relatives/household members.

On the attached 3 Reference Forms, please complete your name and volunteer position information and give to 3 personal references. They will complete the rest and return directly to the Y.

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 STAFF USE ONLY

Volunteer Identification

Washington State ID or License Other _____

Name on ID _____ Date of Birth on ID _____ Verified by _____

Criminal Background Authorization

I have reviewed any disclosed criminal information on this application and authorize this application to move forward in the screening process. *(To be signed by Branch/Camp Executive or AO Department Head, or their delegate.)*

Name _____ Signature _____ Date _____

Branch Information

Must be completed before sending packet to HR

Branch/Site: _____

Program Director/
Supervisor: _____

Program Placement(s): _____

Approximate Start Date: _____

Intake Process Completed (date): _____

Google Docs and DAXKO Entry Completed (date): _____

**Additional Paperwork/
Training Checklist**

All paperwork must be sent to HR within 3 days of volunteer start date.

Mandatory for all:

- References (minimum 2)
- Safety Orientation & Abuse Prevention Rules
- WSP form with thumbprint

Mandatory for DEL/DSHS licensed position only:

- DEL/DSHS form (licensed programs only)*
- Need file copy for site

*If applicant has lived out of state in last 3 years, the Y will be contacted by DEL with instructions for completing fingerprints for additional background check.

Abuse Prevention Training To Be Completed By:

_____ (date)

- Armatus Live Training Waived

"REHIRE" OF VOLUNTEERS: Volunteers termed less than 6 months do not require fresh paperwork; volunteers termed between 6 and 12 months require only the WSP form (and DEL/DSHS if required).