

CHANGE LIVES CHANGE YOUR COMMUNITY

VOLUNTEER APPLICATION FOR THE OWENSBORO FAMILY YMCA



Mark all areas you are interested in volunteering:

Administration/Clerical Annual Campaign Facilities
 Aquatics Youth Sports Wellness/Fitness

Name _____ Phone _____

(MANDATORY) Email _____

Address _____

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 _____

Friday _____

Weekends Saturday _____ Sunday _____

BACKGROUND INFORMATION:

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

An online background check will be sent after you submit this application. We cannot begin your volunteer time until we have those results.

STATEMENTS OF UNDERSTANDING. Please initial each statement and sign.

- ___ 1. I understand that as a volunteer of the Owensboro Family YMCA I am a mandated reporter.
- ___ 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.
- ___ 5. I understand that if my volunteer assistance is not beneficial to the YMCA I will be asked to resign.
- ___ 6. I give permission to the YMCA to use my photo in promotional materials and social media.

Signature of Applicant _____ Date _____ Printed Name _____

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

Supervisor of Volunteer _____

___ (please check) I have completed the background authorization form online. Volunteer initials _____

FOR OFFICE USE ONLY (staff initials required):

- ___ Online background check has been returned
- ___ Volunteer has been contacted regarding volunteer placement
- ___ Volunteer orientation has been conducted

