

YMCA of Greater Seattle PROGRAM VOLUNTEER APPLICATION



PERSONAL (please give your FULL, LEGAL name)

Last Name	First Name	Middle Initial	Home Phone: () ___day ___evening
I prefer to be called:			Alternate Phone: () ___work ___cell ___other
Street Address:			Email Address:
City, State, Zip:			Best time to reach you:
Volunteer position you're applying for:			I prefer ___home phone ___alt. phone ___e-mail contact.
Are you 21 years or older?: Yes _____ No _____ If No, birth date: _____			Are you a YMCA Member?: Yes _____ Branch: _____ No _____
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.)			
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 past ten years? Yes _____ No _____			
Have you ever been convicted of a felony? Yes _____ No _____			
If Yes to either question describe in full:			

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? Yes _____ No _____	
IF YES, name of school:	Is this a Service-Learning experience? Yes _____ No _____
Number of Hours needed:	Deadline to Complete Hours:

COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours? Yes _____ No _____		
IF YES, offense:	Number of hours needed:	Deadline to complete hours:
Parole/Probation Officer's name:	Phone:	

RELATED BACKGROUND

Have you previously volunteered for or been employed by another YMCA? Yes _____ No _____ If Yes, please list all YMCAs and dates:				
<u>YMCA:</u>	<u>City, State:</u>	<u>Dates worked</u>	<u>AND/OR</u>	<u>Dates volunteered</u>
1)	1)	1)		1)
2)	2)	2)		2)
Current/most recent employer:			Location:	
Position:			How long:	
Current/most recently attended school:			Location:	
Current year in school/highest level completed:			Date completed (or graduation date):	
Other relevant background, training or volunteer experiences:				
Certifications held (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 you:	Phone number: Email:
2	Name: Relationship to you:	Phone number: Email:
3	Name: Relationship to you:	Phone Number: Email:

(OVER)

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

I also give permission for my dependent to participate in YMCA volunteer activities.

Parent or Guardian, if Applicant is under age 18

Date

****For YMCA of Greater Seattle Staff Use Only****

Volunteer Identification: [] Washington State I.D. Card or License [] Other _____

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

Branch/Site: _____ Program Placement(s): _____

Program Director/Supervisor: _____ Approximate Start Date: _____ Intake Process Completed (date): _____

Additional Paperwork Checklist:

Mandatory for all:

___ References (minimum 2)

___ Safety/Child Abuse form

___ WSP form with thumbprint

___ ACAD form (criminal disclosure)

Mandatory If DSHS licensed position only:

___ DSHS form (licensed programs only)

___ FBI Finger Prints (for select DSHS only)

Follow-up (dates):

Background forms to HR _____

Data entry completed _____

Re-engaging past Volunteers: A former YMCA of Greater Seattle volunteer who is returning to volunteer work within six months does not need to complete the volunteer packet. A former volunteer who left the YMCA more than six months ago should complete the full volunteer packet including background check forms, except that references do not need to be completed unless more than a year has elapsed.

RETURN THIS APPLICATION WITH ACAD, WSP & DSHS TO HUMAN RESOURCES NO LATER THAN 3 DAYS FROM WHEN VOLUNTEER STARTS