



LETTER TO VOLUNTEER APPLICANT

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 kids, families, and adults who live in our community.

At the YMCA, we know that your time and talents 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, places of employment, and so on. The YMCA will 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.

Thanks for your interest in the YMCA. If you have any questions about this or any part of our application process, please contact Cheryl Oliver, Human Resources Administrator at coliver@ymcaharrison.org or Donna Schulze at dschulze@ymcaharrison.org or at (812) 734-0770.

Please feel free to keep this top sheet for your records.



YMCA
of
HARRISON COUNTY

VOLUNTEER APPLICATION

Today's Date _____(Month/Day/Year)

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Email address: _____

Phone: _____ Cell: _____

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 _____

Phone: _____ Cell: _____

Interests

How did you learn about volunteer opportunities at the YMCA?

Why would you like to volunteer?

Have you heard about any particular volunteer opportunities that interest you or a department you would like to work in?

Are there any particular skills, talents, or interests you'd like to share?

(Please turn over)

What days and hours are you available to volunteer?

Are you a member of the YMCA? Yes No (Membership is not required)

Residences

Please list any other states you have lived in other than Indiana:

Criminal History

Have you ever been arrested or convicted of a crime? Yes or No

If yes, please explain:

References

Please list three references (except relatives):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list two family references:

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I 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 further understand that as a volunteer for the YMCA of Harrison County I will be subject to a background check, including criminal history.

Signature

Date

Print Name

Volunteer Applicant Agreement

Print Name: _____

In the YMCA of Harrison County’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 YMCA of Harrison County accepts my volunteer service, I will comply with all policies set forth in the volunteer handbook 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 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 YMCA of Harrison County does not condone child abusers and that the YMCA of Harrison County will be seeking information in my background related to child abuse. 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.

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 statements and that I voluntarily sign this application.

Signature of applicant Date

Signature of parent or guardian if applicant is under 18 Date

**YMCA of Harrison County
Criminal Background Check**

Last Name: _____

First Name: _____

Middle Name: _____

Name suffix: Jr Sr 1st 2nd 3rd 4th

Other name: _____
(maiden, alias, etc.)

Sex: M F

SSN _____ - _____ - _____

Date of birth: ____/____/____

Street # _____

Street _____
Name

Apt. # _____

City _____

State _____

Zip _____

County _____

Phone: () _____

List any states (other than Indiana) that you have been a resident of:

Have you ever been arrested or convicted of a criminal offense? Yes No

If yes, please explain:

Release and Liability Waiver

I hereby authorize, request, and direct child protective services agencies, all law enforcement agencies and adult probation agencies to release to the YMCA of Harrison County or their designee any information, document, record or file that he/she deems material to the processing of my application for volunteering or employment with this agency. Said information can be furnished if the request therefore is made in person or writing.

Further, I specifically authorize the release by appropriate authorities of my police, charges pending against myself and court records. Further, I release all individuals and organizations listed above from all liability to me that could arise in any manner from the act of furnishing said information and records to the YMCA of Harrison County and its representatives, and this also serves as a waiver of any and all legal communication privileges that I could claim.

Due to the nature of my position within this organization, I agree to repeat background checks and drug screening at anytime during my term as a volunteer or employee of the YMCA of Harrison County.

In closing, I also release the YMCA of Harrison County from any liability due to personal/physical injury suffered during my participation in activities during my time of service at their facility or off-site activities.

Date: _____

Signature: _____