

North Central Florida YMCA

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the North Central Florida YMCA. Volunteers are the lifeblood of the YMCA and our mission to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

There are many different opportunities for volunteers within the YMCA. Please complete the following information to help us make the best of your time and talents.

Name: _____ Today's Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Best phone number to reach you: _____

Email Address: _____

Employer: _____ Work Phone: _____

Are you under 18 years of age? _____ Are you currently a YMCA member? _____

Which branch are you interested in for volunteer service:

___ Northwood (NW 34th St) ___ McGurn (NE 23rd Ave) ___ Southwest (Tower Rd.)
___ Lake City ___ GLAD ___ Lake Butler ___ Hawthorne ___ Starke

Have you volunteered for a YMCA before? _____

If so, what city and state: _____

INTEREST AND SPECIAL SKILLS

In which of the following areas would you like to participate as a volunteer?

- Fitness Child Watch Aquatics Membership
 Office Help Teens Fundraising Sports
 Youth Sports Coach

Do you have any special skills or certifications? CPR Foreign Language Other

VOLUNTEER PREFERENCE SECTION

What days and times would you like to volunteer?

Any time needed Mornings only Afternoons only Evenings only

Mondays Tuesday Wednesday Thursday Friday Saturday Sunday

REFERENCE SECTION

Please list three people **including one relative** whom you have known for at least two years and who know you well enough to provide a reference.

1. Name _____
Telephone: _____ Relationship to you: _____
How long have you known this reference? _____

2. Name _____
Telephone: _____ Relationship to you: _____
How long have you known this reference? _____

3. Name _____
Telephone: _____ Relationship to you: _____
How long have you known this reference? _____

BACKGROUND CHECKS

The North Central Florida YMCA conducts criminal checks on all of our employees and volunteers. As a condition to volunteer, you must agree to a criminal background check. Please complete the following:

Any other names you have used in the past: _____ Birthdate: _____

Social Security Number: _____ Ethnicity: _____

Driver's License number: _____ Driver's license classification: _____

Have you ever been convicted, pleaded "nolo contendere", or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes ___ No ___ If so, what was it? _____

SIGNATURE SECTION

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any degree is ground for disqualification from volunteering. I understand that the YMCA will conduct a background investigation through the local sheriff's office. I hereby authorize this source to release information about me, and understand that the YMCA may contact sources not listed herein. I agree to conform to the rules and policies of the YMCA and understand that my volunteer status may be terminated if such rules are not abided by. I understand that the YMCA does not carry accidental insurance and agree to use my personal insurance if needed. I agree not to hold the YMCA or it's staff, Board of Directors or sponsors responsible for injuries or accidents. I authorize the YMCA staff to obtain medical care in the case of injury or accident if a parent or guardian is unavailable to give permission. It is hereby understood and agreed that the YMCA does not have accident insurance or worker's compensation insurance for volunteers.

Signature: _____

Date: _____

Parent or Guardian's Signature: _____

Date: _____

(If you are under 18)

YMCA Use Only:	
Background check completed: by (initials) _____	Date: _____
Reference check completed by (initials) _____	Date: _____
Sent to Director: _____	
Season: _____	Year: _____ Date: _____