



North Central Florida YMCA Volunteer Application

Thank you for your interest in volunteering with the North Central Florida YMCA. 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 currently a YMCA member? ____ Have you volunteered for a YMCA before? ____

If so, in what city and state: _____

INTEREST AND SPECIAL SKILLS

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

- Sports Childwatch Fitness Teens
 Membership Office Help Fundraising

VOLUNTEER PREFERENCE SECTION

What days and times would you like to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Any time needed Mornings Afternoons Evenings

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 _____ Phone Number: _____
Relationship to you: _____ How long have you known the reference? _____

2. Name _____ Phone Number: _____
Relationship to you: _____ How long have you known the reference? _____

3. Name _____ Phone Number: _____
Relationship to you: _____ How long have you known the 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 information:

Date of Birth: _____ Any other names that you have used in the past: _____

Social Security Number: _____ Ethnicity: _____

Driver's License Number: _____ Driver's License Classification: _____

Have you ever been convicted, please "nolo contendere," or had adjudication withheld for any crime or offense other than a minor traffic violation? YES _____ NO _____

If so, what was it for? _____

SIGNATURE SECTION

I certify that the information in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any degree is grounds 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 its 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 or worker's compensation insurance for volunteers.

Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____
(If volunteer is under the age of 18)

HR USE ONLY	
Background Check completed: By _____	Date _____
Reference Check completed: By _____	Date _____
Sent to Director: (Department) _____	Date _____
Season: _____	Year _____