



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Volunteer Application

Date _____

As an Equal Opportunity Employer, we do not discriminate in hiring or terms and conditions of volunteering because of an individual's race, creed, color, sex, age, national origin, sexual orientation, ancestry, marital status, veteran status, religion or disability. Application should be printed in ink.

Personal

Last Name _____ First Name _____ Middle Initial _____ DOB _____

Present Address _____
Street City State Zip

Preferred Telephone _____ Preferred E-mail _____

In case of emergency, who should we notify?

Name _____ Preferred Phone _____ Relationship _____

Recent/Current Employment Position _____ Employer _____

Major Functions Performed _____

_____ Dates _____

Have you previously volunteered for the Southern Boone Area YMCA? ☐ Yes ☐ No

Have you been employed by the Southern Boone Area YMCA? ☐ Yes ☐ No

If yes, please state branch, position held, dates, reason for leaving, and full name used while employed or volunteering. _____

Why do you want to volunteer? _____

Special skills, interests, or certifications you wish to share? _____

Choose the areas that most interest you: ☐ Special Events ☐ Fundraising ☐ Aquatics
☐ Youth/Child Watch ☐ Youth Sports ☐ Teens ☐ Health & Wellness ☐ Membership
☐ Office Support ☐ Properties/Beautification ☐ Special Interest Classes
☐ Other _____

Days available to volunteer:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Available times: _____

Education & Certification

Currently attending school? ☐ Yes ☐ No If yes, Where? _____

Educational Level Completed: _____

Previous Volunteer Experience

Volunteer Position: _____ Organization Name: _____

Major Functions Performed: _____

Dates: _____

List references whom we may contact, non-relatives only.

Name	Address	Occupation	Phone No.
1)			
2)			
3)			

Applicant Acknowledgment

I agree to serve the Southern Boone Area YMCA (hereinafter "the YMCA") and its members to the best of my ability. I will conduct myself with honor and respect in accordance to the YMCA mission. I will seek clarity and understanding and take responsibility for my performance, appearance, punctuality and demeanor. I hereby represent that the answers to each question incorporated in this application and all other information to be true and correct. I understand that any incorrect, incomplete, false or misleading statement/answer/information furnished by me either verbally or in writing will subject my application to disqualification from further consideration. I hereby authorize and release from liability all other former employers, educational institutions, law enforcement agencies, and/or other government agencies to provide/release information regarding my employment, education, criminal conviction record that may be in their possession to the Jefferson City Area YMCA and or its agents. As a volunteer, I agree to work a minimum of 8 hours per every two month period to maintain my free adult membership discount.

Photo Release: I hereby consent and agree that moving or still pictures may be taken of me by YMCA staff members (and whomever they may designate) to be used and displayed at their discretion for marketing/public relation purposes.

Policy on Registered Sex Offenders: The YMCA prohibits sex offenders from obtaining membership or participating in classes and programs offered in or on the grounds of any of its facilities or properties. The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

I, the undersigned, request permission to enter the Southern Boone Area YMCA and to participate in any YMCA activities, including but not limited to: the YMCA fitness centers and all sporting and recreational activities. I know and assume any and all risks related to my participation in the above activities, whether such risks arise while on or off the YMCA premises. In consideration of the permission granted to enter the YMCA premises and/or participate in the aforementioned YMCA activities, I release and discharge the owners, operators, and sponsors, as well as all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arise for the negligence or fault of the YMCA. I represent and certify that I am 18 years of age or older, and that my attendance and participation in YMCA activities is voluntary. I certify that I have read and I understand the foregoing request/release. In witness whereof, I have executed this request and release on this _____ day of _____, 20_____.

Volunteer Applicant Signature _____

Parent or Guardian, if Minor _____