



# VOLUNTEER APPLICATION

## ALAMANCE COUNTY COMMUNITY YMCA

**Please indicate your areas of interest:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administration / Clerical | <input type="checkbox"/> Maintenance/Janitorial | <input type="checkbox"/> Youth Programs   |
| <input type="checkbox"/> Annual Campaign           | <input type="checkbox"/> Special Events         | <input type="checkbox"/> Wellness/Fitness |
| <input type="checkbox"/> Aquatics                  | <input type="checkbox"/> Tutors                 | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Greeters                  | <input type="checkbox"/> Youth Sports           |   |

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, ZIP:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Have you ever volunteered at the YMCA before?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you had any criminal convictions for child abuse or sex related crimes?  Yes  No

**Why are you interested in volunteering with the YMCA?**

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Are you required to volunteer?  Yes  No If yes, how many hours are needed? \_\_\_\_\_ Deadline: \_\_\_\_\_

Name of school/agency/government body requiring community service: \_\_\_\_\_

**Please indicate the days and times you are available to volunteer:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES: List three references that have known you for at least three years, whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Type	Name	Contact Information	Years Known
Family Member		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if applicant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## NOTICE AND AUTHORIZATION FOR VOLUNTEER BACKGROUND SCREENING

This form, which you should read carefully, has been provided to you because the YMCA may request investigative consumer reports (personal and professional reference checks) and consumer reports (which may consist of criminal background check, motor vehicle record, employment and/or education verification) in connection with your application to volunteer, or at any time during the course of your volunteer work with the YMCA, if any, for purposes of evaluating your suitability for the volunteer assignment.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, criminal records checks, court records checks, and/or driving records. The information contained in these reports may be obtained by a consumer reporting agency and from public record sources.

### AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application to volunteer, and (2) during the entire course of my volunteer position. I further understand that any and all information contained in my volunteer application or otherwise disclosed to the YMCA by me before, during or after my volunteer position, if any, may be utilized for the purpose of obtaining the consumer reports requested by the YMCA and confirm that all such information provided in connection with my volunteer application is true and correct.

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of County in which you reside

\_\_\_\_\_  
Date of birth (mm/dd/yy)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Waiver:

I hereby release and discharge the Alamance County Community YMCA, its agents, volunteers, and employees from any and all claims for injury, illness, death, loss, or damage that I may suffer as a result of my participation in these activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date