

Pickens County YMCA

VOLUNTEER APPLICATION

PERSONAL (Please give your FULL, LEGAL name)



Last Name _____	First Name _____	Middle Initial _____	Home Phone: () _____ day / evening
_____			Alternate Phone: () _____ work / cell / other
I prefer to be called: _____			Email Address: _____
Street Address: _____			Best time to reach you: _____
City, State, Zip: _____			Are you a YMCA Member? _____ Yes / No
Ethnicity: _____			Date of Birth: ____/____/____
_____			Social Security No. _____ - _____ - _____
Emergency Contact Name: _____ Relationship: _____			Phone Number: () _____
Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years? Have you ever been convicted of, or plead guilty to, a felony?			
Yes _____ No _____ If Yes, describe in full: _____			

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? _____	Yes / No
If YES, name of school: _____	Is this a Service-Learning Experience? _____
Number of Hours needed: _____	Deadline to Complete Hours: _____

COMMUNITY SERVICE VOLUNTEERS

The Pickens County YMCA accepts court ordered community service. If you need hours to satisfy a judgment due to a criminal offense please request a community service application.

REFERENCES

For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives/household members.

1	Name: _____ Relationship to you: _____	Phone Number: () _____ Email: _____
2	Name: _____ Relationship to you: _____	Phone Number: () _____ Email: _____
3	Name: _____ Relationship to you: _____	Phone Number: () _____ Email: _____

For Pickens County YMCA Staff Use Only	Program Placement(s): _____
Branch/Site: _____	Approximate Start Date: _____
Program Director: _____	Special Event Interest: _____
Intake Process Completed (date): _____	

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Conditions of Volunteer Participation and Release from Liability

The Pickens County YMCA's desire to build a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Pickens County YMCA to investigate and verify any and all information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation

Volunteer Terms: I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the Pickens County YMCA does not provide volunteer compensation or trade volunteer services for membership or program fees.

Property Loss: I understand the Pickens County YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities

Medical Treatment: I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment for such medical treatment.

Photograph Permission: I give permission for the Pickens County YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the Pickens County YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me by my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

I also give permission for my dependent to participate in YMCA volunteer activities.

Parent or Guardian, if Applicant is under age 18

Date