

# YMCA of Norwalk Volunteer Application



**PERSONAL (Please give your FULL, LEGAL name)**

Last Name	First Name	Middle Int.	Home Phone:
			Cell Phone: <span style="float: right;">Work Phone:</span>
			Best time to reach you:
Street Address:		E-mail address:	
City, State, Zip:			
Volunteer position you're applying for:		Are you a YMCA member? Yes _____ No _____	
		Branch:	
Are you 21 years or older? YES _____ NO _____		Birthdate: <span style="float: right;">Social Security Number:</span>	
		Driver's License Number/State:	
Emergency Contact Name:		<b>STUDENT VOLUNTEERS</b>	
Relationship:		Are you looking to fulfill a school recruitment or will you receive school credit for your service? Yes _____ No _____	
Phone Number:		If yes, name of school:	
(Please list someone OUTSIDE your home ~ in the event of an emergency, we would automatically contact your home first, then this backup contact)		Number of Hours needed:	
		Is this a service-learning experience? Yes _____ No _____	
		Deadline to complete hours:	
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? Yes _____ No _____		<b>COMMUNITY SERVICE VOLUNTEERS</b>	
Have you ever been convicted of a felony? Yes _____ No _____		Are you looking to complete court ordered community service hours? Yes _____ No _____ Number of hours needed: _____	
If yes, to either question describe in full:		If yes, offense:	
		Parole/Probation Officer Name:	
		Phone:	
		Deadline to complete hours:	

Have you previously volunteered for or been employed by another YMCA? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list all YMCA's and dates:

<u>YMCA</u>	<u>City/State</u>	<u>Dates Worked</u>	<u>and/or</u>	<u>Dates Volunteered</u>
1)				
2)				

Current /most recent employer: Location:

Position Held: Duration:

Current/Most recently attended school: Location:

Current year in school/highest level completed: Date completed (or graduation date):

Other relevant background, training or volunteer experiences:

Certifications held (include date of expiration):

## REFERENCES

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

1) Name of reference:	Phone Number:
Relationship to you:	E-mail:
2) Name of reference:	Phone Number:
Relationship to you:	E-mail:
3) Name of reference:	Phone Number:
Relationship to you:	E-mail:

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## CONDITIONS of Volunteer Participation and Release from Liability

The YMCA of Norwalk's mission is to Build strong kids, strong families and strong communities. 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 YMCA of Norwalk ("YMCA") to investigate and verify any and all of the 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. Applicant Initials \_\_\_\_\_

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

**Property Loss:** I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities. Applicant Initials \_\_\_\_\_

**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. Applicant Initials \_\_\_\_\_

**Photograph Permission:** I give permission for the 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 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 or my dependent from participation as a volunteer. Applicant Initials \_\_\_\_\_

Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I also give permission for my dependent to participate in YMCA volunteer activities (2 parental/guardian signatures required) below:**

\ Parent of Guardian, if applicant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Parent of Guardian, if applicant is under 18: \_\_\_\_\_ Date: \_\_\_\_\_

***Thank you for applying at the YMCA of Norwalk's Volunteer Program!***



YMCA  
We build strong kids,  
strong families, strong communities.

**DISCLOSURE AND AUTHORIZATION FORM**

The YMCA of Norwalk ( the company) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

**AUTHORIZATION**

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (for ID purposes only) \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_

**\*\*For YMCA of Norwalk Staff Use ONLY\*\***

Volunteer Identification (2 forms of ID ~ use I-9 for eligible identification)

1)

2)

Volunteer Supervisor Assigned:

Department assigned:

Anticipated length of volunteer position/project:

Supervisor Checklist:

- 1) References (min of 2)
- 2) Background Check Disclosure Form
- 3) 2 forms of ID
- 4) Code of Conduct Signed Form

Re-engaging past volunteers: A former YMCA of Norwalk volunteer who is returning to volunteer work within six months does not need to complete the volunteer packet. A former volunteer who left the YMCA more than six months ago must complete the full volunteer packet including the background check forms, except that references do not need to be completed unless more than a year has elapsed.

Return this application with all items mentioned above in the checklist to HR within 3 days of volunteer beginning work.