

Rochester Area Family Y-All Stars Volunteer Application



PERSONAL (please give your FULL, LEGAL name)

Last Name		First Name	Middle Initial	Home Phone: () _____ day _____ evening
I prefer to be called:		Alternate Phone: () _____ _____work_____cell_____other		
Street Address:		Email Address:		
City, State, Zip:		Best time to reach you:		
Y Member? Yes _____ No _____ (Y membership is not required to volunteer.)		I prefer _____home phone _____alt. phone _____e-mail contact.		
Birth date:		Driver's License #:		
Emergency Contact Name:		Relationship:	Phone number:	
(Please list someone OUTSIDE your home – in the event of an emergency, we would automatically contact your home first, then this backup contact.)				
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 _____ If Yes, describe in full:				

When are you available to volunteer? (Days, Times)																					
Where did you hear about volunteer opportunities at the Y?																					
What program area are you most interested in volunteering in? Please rate your preference (1 being most interested):																					
<table border="0"> <tr> <td><input type="checkbox"/> Youth Sports</td> <td><input type="checkbox"/> Welcome Center/ Front Desk</td> <td><input type="checkbox"/> Y Mentors (<i>complete Mentor application</i>)</td> </tr> <tr> <td><input type="checkbox"/> Y-Space (<i>after school program</i>)</td> <td><input type="checkbox"/> Kid's Care</td> <td><input type="checkbox"/> Policy Boards/Committees</td> </tr> <tr> <td><input type="checkbox"/> *Group Fitness Instructor</td> <td><input type="checkbox"/> Summer Day Camp</td> <td><input type="checkbox"/> Other (Please specify) _____</td> </tr> <tr> <td><input type="checkbox"/> *Swim Lesson Instructor</td> <td><input type="checkbox"/> Facility Management</td> <td></td> </tr> <tr> <td><input type="checkbox"/> *Fitness Center</td> <td><input type="checkbox"/> Laundry Service</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Marketing/Publicity</td> <td><input type="checkbox"/> Custodial/Maintenance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> * certification is required for this position</td> <td><input type="checkbox"/> Fundraising</td> <td></td> </tr> </table>	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Welcome Center/ Front Desk	<input type="checkbox"/> Y Mentors (<i>complete Mentor application</i>)	<input type="checkbox"/> Y-Space (<i>after school program</i>)	<input type="checkbox"/> Kid's Care	<input type="checkbox"/> Policy Boards/Committees	<input type="checkbox"/> *Group Fitness Instructor	<input type="checkbox"/> Summer Day Camp	<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> *Swim Lesson Instructor	<input type="checkbox"/> Facility Management		<input type="checkbox"/> *Fitness Center	<input type="checkbox"/> Laundry Service		<input type="checkbox"/> Marketing/Publicity	<input type="checkbox"/> Custodial/Maintenance		<input type="checkbox"/> * certification is required for this position	<input type="checkbox"/> Fundraising	
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Do you have specific skills you would like to share or improve on?																					

RELATED BACKGROUND

Have you previously volunteered for or been employed by another YMCA? Yes _____ No _____ If Yes, please list all YMCAs and dates:				
<u>YMCA:</u>	<u>City, State:</u>	<u>Dates worked</u>	AND/OR	<u>Dates volunteered</u>
1)	1)	1)		1)
Current/most recent employer:		Location:		
Position:		How long:		
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 program 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:

(OVER)



Conditions of Volunteer Participation and Release from Liability

The Rochester Area Family Y’s mission is: Building 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 Rochester Area Family Y (“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.

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 insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the Rochester Area Family Y does not provide volunteer compensation or trade volunteer services for membership or program fees.

Property Loss: I understand the 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 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.

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