



FOR YOUTH DEVELOPMENT[®]
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

WILLIAMS YMCA VOLUNTEER APPLICATION

All fields are required. Please fill in NA if a field is not applicable

Applicant Name	
Mailing Address	
City, ST, Zip	
Contact Phone	
Alternate Phone	
Email	
Date of Birth	
Emergency Contact/Phone	

Occupation	
Employer/School	
Are you volunteering as a part of a business, organized group, or school? If so, who?	

Please check yes or no for each of the following:

Do you use illegal drugs?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been charged with neglect, abuse or assault?	Yes	No
Has your driver's license ever been suspended or revoked?	Yes	No

What would you like to do as a volunteer?	
List the days/times you are available	

Please list two non-family references

Name	Relationship	Phone
Name	Relationship	Phone

Please read carefully before signing

I understand, consent, and agree to the following:

- Some of the information that I have provided may be verified, and I give permission to the YMCA to check my references and to make inquiry of others including without limitation my Employer concerning my background and suitability to act as a YMCA volunteer;
- In the course of volunteering for the YMCA, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- The relationship between YMCA volunteers is an 'at will' arrangement, and that it may be terminated at any time without cause by either the volunteer or YMCA;
- I grant YMCA permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of YMCA;
- I hereby agree and understand that I have chosen to perform a service as a volunteer and that such service is without monetary compensation and that no promise of monetary compensation or compensation of any kind has been made by the YMCA or its agents.
- I hereby agree to release, discharge and hold harmless YMCA of Avery County, its officers, agents, its directors and employees of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in YMCA of Avery County;
- I understand that the activities and/or competitions held at and in connection with YMCA and my attendance and participation as a volunteer may involve risks of injury to which I will be exposed;
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with YMCA of Avery County;
- I grant permission to YMCA of Avery County and its employees and agents to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable.

I affirm that I have read the above and that the information I have given is true and complete

Print name _____ Signature _____ Date _____

If the prospective volunteer is less than eighteen (18) years of age he/she must also have parent or guardian consent. The undersigned is the (initial one) _____ parent or _____ legal guardian of the volunteer and consents to this volunteer service and executes this release on behalf of the volunteer.

Print name _____ Signature _____ Date _____
Parent/Guardian Name Parent/Guardian Signature



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Williams YMCA SECURITY CHECKS PROCEDURE

(Employee/Volunteer Information to Keep)

- I. As a condition of employment/volunteerism by the YMCA of Avery County (the "Association"), a criminal records check will be conducted regarding all applicants/employees/volunteers ("applicants") and, in addition, a Department of Motor Vehicles check will be conducted regarding all applicants where the prospective employment/volunteering will involve operation of a motor vehicle. The criminal records check will be conducted on a county-by-county search of all 100 counties in the state of North Carolina if the applicant has continuously resided in the state of North Carolina during the past seven (7) years. If an applicant has lived outside of the state of North Carolina within the past seven (7) years, a check of the state(s) will be conducted. The Department of Motor Vehicles check will be conducted for each State where the applicant has resided during the past three (3) years or to the limit of information available on a state-by-state basis, if applicable. If any County or State will not provide the information required by this policy directly to the YMCA of Avery County, the applicant will be required to obtain this information in certified form prior to employment/volunteering. Each applicant will be required to sign a consent acknowledging his/her understanding of this policy.
- II. No offer of employment or application of volunteering will be final until the information described in paragraph I above has been obtained. The YMCA of Avery County reserves the right to refuse to employ any applicant or allow any individual to volunteer if the results of this investigation reveal information which the Association determines, in its sole discretion, justifies a refusal to offer employment or allow an individual to volunteer. All arrests/convictions will be considered.
- III. It will be the responsibility of the Human Resource Department to review all information received regarding an applicant's criminal history and to make a determination regarding employment/volunteering of the applicant. The Human Resource Department will consist of the Office Manager and the Executive Director. The Human Resource Department will seek legal counsel if and when it deems necessary in making a recommendation for employment/volunteering. All determinations will be final and will be stated in writing and filed with the applicant's pre-employment/volunteer file. The Guidelines for Drivers of YMCA Vehicles Policy will be utilized by the Office Manager in determining if an applicant is qualified to drive for the Association. All determinations will be stated in writing and filed at the Business Office of the Association.



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- IV. In considering whether an arrest/conviction justifies a refusal to offer employment or approval of volunteering to any applicant,, the following will be considered:
- a. The nature and seriousness of the offense for which the applicant was arrested/convicted
 - b. The age of the applicant at the time of the arrest/conviction and the length of time which has elapsed since the arrest/conviction
 - c. The number and type of arrest/convictions
 - d. Any evidence of rehabilitation
 - e. The relationship between the nature of the offense(s) for which the applicant was arrested/convicted and the duties and responsibilities of the position the applicant is seeking or volunteering for.
- V. The failure of an applicant to accurately and completely disclose his/her past record of convictions shall result in an immediate disqualification for employment/volunteering and such applicant will forever be ineligible to apply for employment/volunteering with the YMCA of Avery County.
- VI. Any employee/volunteer of the YMCA of Avery County who is charged with a crime is required to notify the Human Resource Department within twenty-four (24) hours of being so charged and is required to provide such information as is requested by the Executive Director. Any employee/volunteer of the YMCA of Avery County whose job/volunteer duties include the operation of a motor vehicle is required to notify the Human Resource Department within twenty-four (24) hours of being charged with any driving offense. Depending on the nature and severity of the offense for which such employee/volunteer is charged, he/she may be suspended without pay (employees) pending the outcome of the charge. In the event of a conviction, the factors described in paragraph IV above will be used to determine whether the employment/volunteering of such individual should be terminated. The failure to notify the Human Resource Department as required by this paragraph VI will be grounds for disciplinary action up to and including termination.

SECURITY CHECKS REPORT

Supervisor to Complete

Requested By: _____ Date: _____

Branch/Department: _____ Need DMV? _____

Position: _____ Full or Part Time: _____

Applicant to Complete: Please Print Neatly

Name: _____ Date: _____
Last First MI

Email Address: _____

Sex: M F Race: White Black Hispanic Native Am. Asian Other

Starting with PRESENT ADDRESS, list all addresses for past seven (7) years. Do NOT use PO Boxes.

Address: _____
(Street) (City, State, Zip) (From/To)

Address: _____
(Street) (City, State, Zip) (From/To)

Address: _____
(Street) (City, State, Zip) (From/To)

(If additional space is needed for address, please use a separate sheet of paper)

Date of Birth: _____ SSN#: _____ DL#: _____
(State and License Number)

Consent: These record reports are being made with my knowledge and consent. I understand that my employment/volunteering with the YMCA of Avery County is conditional based on the results of a criminal record check and that the YMCA of Avery County has sole discretion in making this decision. I also understand that my employment/volunteering with the YMCA of Avery County as a driver will be conditional upon the outcome of the OMV Report. I have been given a copy of the YMCA of Avery County "Security Checks Procedure" and understand that I must abide by these guidelines at all times while employed or volunteering with the YMCA of Avery County

Applicant Signature _____ Date _____

Administration to Complete

Search Submitted by: _____ Date: _____

Results of Criminal Report Check: _____ No Record Found in Jurisdiction Searched
_____ Criminal History Found (See Attached)

Comments: _____

Completed by: _____ Date: _____