YMCA of Centre County

Volunteer Application

_____
Branch / Program / Date

APPLICANT INFORMATION

Please fill out entire application in ink.

Last Name	First Name	Middle Initial	Home Phone
Address (street, city, state, zip)			Daytime Phone
Emergency Contact Name	Emergency Contact Number	Relationship	Cell Phone
At what branch would you like to volunteer: _____ Bellefonte _____ State College _____ Moshannon Valley _____ Penns Valley			Email Address
Date of Birth (must be provided for clearance in screening software): _____/_____/_____ **Volunteers under 18 years of age will need written permission from their guardian.**			Best Time/Place/Phone to Contact You

Are you looking to fulfill a school requirement for your service? _____ Yes _____ No

If yes, what school? _____ Number of Hours Needed: _____ Deadline: _____

Is this for court ordered community service? _____ Yes _____ No

Certain offenses may limit the areas in which you can serve. Please explain offense or attach paperwork.

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service.

Days of the Week:
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Any Day

May we contact you when searching for volunteers for various events?
_____ Yes _____ No

Time of Day:
- ☐ Mornings
- ☐ Afternoons
- ☐ Nights
- ☐ Anytime
- ☐ Only times listed below

Specific Hours Available:

Day/Times Not Available:

What program areas interest you?
- ☐ Anything/Everything
- ☐ Aquatics
- ☐ Building & Grounds
- ☐ Child Care
- ☐ Family
- ☐ Financial Development
- ☐ Land Fitness
- ☐ Office Work
- ☐ Older Adult
- ☐ Preschool
- ☐ Special Events
- ☐ Teens/Youth
- ☐ Youth Sports

Please check specific interests.
- ☐ Annual Giving Campaign
- ☐ Annual Charity Auction
- ☐ Annual Polar Bear Plunge
- ☐ Audi Golf Tournament
- ☐ Dodgeball Tournament
- ☐ Daddy/Daughter Dance
- ☐ Sprint Triathlon
- ☐ Family Night Out
- ☐ Parent Night Out
- ☐ Kids Night Out
- ☐ Gymnastics Team
- ☐ Halloween at the Y
- ☐ Underwater Egg Hunt
- ☐ Healthy Kids Day
- ☐ Preschool Sports
- ☐ Pioneer Basketball

List specific volunteering you would like to do at the YMCA of Centre County:

VOLUNTEER HISTORY

- ☐ I have volunteered with the YMCA in the past. If yes, please list below.
- ☐ I have volunteered with other organizations in the past. If yes, please list below.

Name of Organization/Location	Dates Volunteered	Duties	Supervisor/Phone Number

WORK HISTORY / EDUCATION

Current Employer: Supervisor: Work Phone:

Position: # of years: May we contact your employer as a reference? _____ Yes _____ No

Highest Level of Education: Course of Study:

Special Certification/Skills:

References: please provide 2 professional and 1 family member.

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

APPLICATION SIGNATURE

Please read carefully and sign. If under 18, the signature of your parent/guardian is required.

1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of volunteer service or be cause for subsequent dismissal if I am chosen for a volunteer assignment.

2. My services are donated to the YMCA of Centre County freely and without expectation of compensation or benefits. I understand that this application is not a contract and that volunteering at the YMCA is on an at-will basis, and that my volunteer service may be terminated with or without cause by me or the YMCA at any time.

3. I have read and fully understand the YMCA of Centre County's Volunteer Code of Conduct and agree to abide by it during all YMCA activities. I understand that failure to follow the Volunteer Code of Conduct may be cause for my dismissal at any time. During my service, I understand that I may never be alone with a single child where we cannot be observed by other adults. In addition, I understand that no type of child abuse will be tolerated and would be cause for immediate dismissal.

4. **Waiver of Liability**: I agree to hold the YMCA of Centre County harmless for any injuries sustained on YMCA of Centre County property while volunteering.

5. I hereby authorize the YMCA of Centre County to contact professional and personal references to assist the YMCA in getting to know me and to determine the best volunteer placement.

6. I understand that, if I am 18 years of age or older, I am required to submit recent (from the past six months) PA Criminal, PA Child Abuse, and FBI/affidavit clearances, the content of which will be evaluated on an individual basis relative to the type of service the individual is offering the YMCA. All information will be maintained in strict confidence and stored in confidential files.

7. I also understand that I am required to complete two child abuse prevention and reporting related trainings within 30 days of beginning to volunteer: Stewards of Children Training (certification good for 3 years) and Mandated Reporter Training (certification good for 5 years).

8. I also understand that, as a YMCA volunteer, I am required to submit a copy of a valid photo ID.

Signature _____ Date _____