



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Program Volunteer Application

PERSONAL (Please give your FULL, LEGAL name)

Last Name: _____ First Name: _____ Middle Initial: _____

The name I prefer to be called: _____ Male: _____ Female: _____ (optional)

Home Phone: () _____ Alternate Phone: _____ Work: _____ Cell: _____

Street Address: _____ E-mail Address: _____

City, State, Zip: _____ Best time to reach you: _____

If at this address less than 7 years please attach sheet listing addresses for last 7 years.

I prefer to be contacted by: (please check one) home phone: _____ cell phone: _____ work phone: _____ Alt phone: _____

Volunteer Position you're applying for: _____ alt phone: _____

e-mail contact: _____

When would you be available to work? Mornings: _____ Afternoons: _____ Evenings: _____ Weekends: _____

For Camp Reed list the weeks you would be available? (ie 4, 8, 10) _____ Unavailable: _____

Are you 21 years or older? Yes: _____ No: _____ If not give birth date: _____ Are you a YMCA member? Yes: _____ No: _____

Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or been released from prison in the past ten years? 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? Yes: _____ No: _____

Number of hours needed: _____ Deadline to complete Hours: _____

COMMUNITY SERVICE VOLUNTEERS:

Are you looking to complete Court Ordered Community Service Hours? Yes: _____ No: _____

If YES, offense: _____ Number of hours needed: _____ Deadline to complete hours: _____

Parole/Probation Officer's name: _____ Phone: _____

RELATED BACKGROUND:

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

Name of YMCA:	City and State:	Dates worked or Volunteered:

Work and Volunteer History:

Current/ most recent employer: _____ Address: _____

Other employment: _____ Address: _____

Current/ most recently attended school: _____ City, State: _____

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

Other relevant background, training or volunteer experience: _____

Certifications held (include date of expiration): _____

Please complete reverse side.

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 more than 1 relative or household member.

Name	Phone Number	Relationship to you	Email address

Conditions of Volunteer Participation and Release from Liability

The YMCA of the Inland Northwest’s mission is: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all". 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 the Inland Northwest (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 YMCA of the Inland Northwest 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 give permission for my dependent to participate in YMCA volunteer activities.

Parent or Guardian, if Applicant is under age of 18

Date

CENTRAL
930 N. Monroe
Spokane, WA 99201

VALLEY
2421 N. Discovery Place
Spokane Valley, WA 99216

NORTH
10727 N. Newport Hwy.
Spokane, WA 99218

CORPORATE | CAMP REED | RSVP
1126 N. Monroe
Spokane, WA 99201