



YMCA of Avery County
Volunteer Application Form

All fields are required. If a field is not applicable put "NA" in the field

Select One: Mr./Mrs./Ms. First Name Middle Name Last Name

Mailing Address Number Street Apt. City County State Zip

Phone: Home () Mobile () Work ()

Date of birth*: _/ _/ _ Social Security#* _- _- _

This form cannot be accepted unless date of birth and social security number are provided. If you are not comfortable with providing this information on this form, you may call our office at (828) 737-6834, X 310 to provide it verbally.

Email Occupation

Employer/School Name Address

Are you a family member of a YMCA member? Yes No If yes, what relation?

In the event of an emergency, contact Name Relationship Phone Number

If you are volunteering as part of a company or other group, specify the group

- Check yes or no to the following questions:
1. Do you use illegal drugs? yes no
2. Have you ever been convicted of a criminal offense? yes no
3. Have you ever been charged with neglect, abuse or assault? yes no
4. Has your driver's license ever been suspended or revoked in any state? yes no

If you answered "yes" to any question, attach an explanation giving date, location and nature of disposition for any offense. A conviction will not necessarily disqualify you from volunteering with the YMCA of Avery County.

Please indicate what you would like to do as a volunteer:

Please list the days and the times you are available:

List two references: a non-family member and current employer (or a school reference if under 18 years old)

- 1. Name relationship address phone
2. Name relationship address phone



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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

FOR STAFF USE ONLY

BG Screening Date / /

Screening Staff Initial _____ Restrictions _____

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**Williams YMCA of Avery County
SECURITY CHECKS REPORT**

Name of Applicant: Last _____ First _____ Middle _____

Email Address: _____ Department _____ Full-Time _____ Part-Time _____

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)

Driver's License Information (Only if applicable): _____
(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 DMV 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

Guardian's Signature (if a minor) _____ Date _____

(Business Office to complete)

Request made by: _____

Branch _____ Date: _____

Results of Criminal Report Check: _____ No Record Found in Jurisdiction Searched
_____ Criminal History Record Found- (see attached)