



VOLUNTEER APPLICATION

Thank you for considering the YMCA of Broward County as a place to donate your time and talents. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults we serve in Broward County.

At the Y, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the Y for the wrong reasons. The Y, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA of Broward County.

Thank you for your cooperation in this effort and your interest in the Y. If you have any questions about this or any part of our application process, please contact the Human Resources Director.

Today's Date _____ (Month/Day/Year)

Mr. Mrs. Miss Ms. Rev. Dr. Other

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

E-mail _____

How long have you been at this address? _____

Are you 18 years of age or over? Yes No
(If no, have your parent or guardian sign the application.)

Emergency contact

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Relationship: _____

Interests

Areas of interest

- Administration Aquatics Facilities Fundraising Gymnastics
 Membership Outreach Special Events Youth Sports
 Other _____

How did you learn about volunteer opportunities at the Y?

Why would you like to volunteer?

Do you need community service hours? Yes No

Are the hours for: School or Court Appointed

Have you heard about any particular volunteer opportunities that interest you?

Would you like to talk to someone further about what kinds of volunteer opportunities might match your skills, talents, and interests?

Are there any particular education, skills, talents, or interests you'd like to share?

What other organizations have you volunteered for, if any?

Which Family Center location(s) would you prefer to volunteer at?

- Hollywood Pembroke Pines Parkland Weston
 Children's Advocacy Center L.A. Lee (Ft. Lauderdale) Lauderhill

Are you a member of the Y? _____
(Membership is not required)

Background

The Y will conduct a background check on all appropriate volunteers. Convictions are not an automatic disqualification to volunteering. However, failure to provide complete and accurate information relating to criminal convictions will result in termination of the volunteer relationship with the Y.

Please list here any other names you may have used in the past:

Have you ever been convicted of a criminal offense? If so, explain?

Please list the names of relatives, friends, or acquaintances employed by the Y and their relationship to you.

Your signature _____

Date _____

Parent's or guardian's signature _____

Date _____ (if you're under 18)



VOLUNTEER ACKNOWLEDGEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer that I am not an employee of the YMCA of Broward County, and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the State of Florida Workers Compensation laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE YMCA OF BROWARD COUNTY.

_____	_____	_____
Printed name of Volunteer	Signature of Volunteer	Date

Emergency Contact: _____

Name	Relationship
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Contact Numbers (home/cell): _____

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer that my child is not an employee of the YMCA of Broward County, and understand and agree that my under age child will not receive any compensation or benefit nor be eligible for any coverage under the State of Florida Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE YMCA OF BROWARD COUNTY.

Both Parents/Guardians must sign:

_____	_____	_____
Printed name of Volunteer	Signature of Volunteer	Date

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date

Emergency Contact: _____

Name	Relationship
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Contact Numbers (home/cell): _____



NOTICE AND AUTHORIZATION CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because the YMCA of Broward County may request consumer/credit reports or investigative background reports in connection with your application for volunteering, or at any time during the course of your volunteering with the Organization, if any, for purposes of evaluating your suitability for volunteering. Additionally, in the event that claims or disputes between you and the YMCA of Broward County are filed with any third parties, the Organization may request consumer/credit reports or investigative background reports for purposes of evaluation and response, regardless of whether you remain as a volunteer of the Organization at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative background reports, as defined above, to the YMCA of Broward County (1) in conjunction with my application for volunteering, (2) during the entire course of my volunteering, if any, and (3) after any such volunteering ends. I further understand that any and all information contained in my volunteer application or otherwise disclosed to the YMCA of Broward County by me before, during or after my volunteering, if any, may be utilized for the purpose of obtaining the consumer reports or investigative reports requested by the Organization and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of volunteering or a promise of continued volunteering. If accepted as a volunteer by the YMCA of Broward County, my volunteering will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA of Broward County.

Name (Print Clearly): _____
First Middle Initial Last

Last Four of Social: _____ Date of birth: _____
(mm/dd/yy)

Gender: Male Female E-mail: _____

Phone: Day: _____ Evening: _____

Signature: _____ Date: _____

Office Use Only				
Family Center:		Department:		Staff: