

# Valdosta-Lowndes County Family YMCA



FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

NAME: \_\_\_\_\_  
(First) (Last) (MI) (Maiden Name)

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Over 18yrs: YES  NO  Age \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Thank you for considering the Valdosta-Lowndes County Family YMCA as a place to donate your time and talents to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in our community.

Select Desired YMCA Department:

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Lake Park
<input type="checkbox"/> Fitness	<input type="checkbox"/> Membership
<input type="checkbox"/> Property Management	

Reason For Volunteering: \_\_\_\_\_

*If court ordered please provide documentation.*

**PLEASE BRING IN CURRENT BACKGROUND CHECK WITH APPLICATION.**

Are you a YMCA Member? YES  NO   
If yes, please list dates and which YMCA: \_\_\_\_\_

Have you ever applied here before? YES  NO   
If yes, when and for what position: \_\_\_\_\_

• Do you have adequate transportation arrangements for volunteering? YES  NO

• If you are not a U.S. citizen, do you have a VISA to work in the U.S.? YES  NO   
If yes, what kind of VISA classification do you have?  
VISA Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

• Has bond or security clearance ever been denied and/or cancelled? YES  NO   
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Does our YMCA currently employ any of your close friends or relatives? YES  NO   
If yes, what are their names & relation to you? \_\_\_\_\_

## EDUCATION & CERTIFICATIONS

	PLACE	DATES	DIPLOMA, CERTIFICATE, DEGREE
ELEMENTARY	_____	_____	_____
SECONDARY	_____	_____	_____
COLLEGE	_____	_____	_____
CERTIFICATIONS	_____	_____	_____
SPECIAL SKILLS	_____	_____	_____
OTHER	_____	_____	_____

## EXPERIENCE WITH GROUPS OF CHILDREN

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Have you ever attended/completed any child care training courses  
If yes, please list:

YES

NO

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• **IF YOU HAVE PRIOR EXPERIENCE WORKING WITH CHILDREN, PLEASE ATTACH DOCUMENTATION.**

• Do you have a Criminal Record?

YES

NO

If yes, please explain:

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• Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

YES

NO

• **Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. If you are disabled and require accommodation, you may request it at ANY time. Please inform the program director of your needs if it will impact your ability to perform your volunteer duties.**

• Having decided to volunteer, are you in all respects, able to adequately perform any duties as needed?

If no, please explain:

YES

NO

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• Do you have a valid driver's license?

YES

NO

If yes, give license number and class of license: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

• Have you had CPR training within the past two years?

YES

NO

If yes, give expiration date: \_\_\_\_\_

• Have you had first aid training within the past year?

YES

NO

If yes, give expiration date: \_\_\_\_\_

• Have you ever been suspended, discharged, or allowed to resign in lieu of discharge?

If yes, please explain:

YES

NO

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• Please explain why you chose our YMCA to Volunteer: \_\_\_\_\_

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## THE YMCA IS A DRUG-FREE WORKPLACE

YMCA MISSION: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

PLEASE LIST EMPLOYMENT/VOLUNTEER HISTORY FOR THE PAST 10 YEARS. If you have been unemployed during any time within the past ten years, list how you spent your time (e.g. student, housewife, unemployed, etc.) If you need additional space, please continue on the back or attach a separate sheet.

Start with most recent

Employer	Phone	E-Mail	Dates Employed: From	To
Address			City, State, ZIP	
Duties:			Position:	
Reason For Leaving:			Supervisor's Name:	
			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	
Employer	Phone	E-Mail	Dates Employed: From	To
Address			City, State, ZIP	
Duties:			Position:	
Reason For Leaving:			Supervisor's Name:	
			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	
Employer	Phone	E-Mail	Dates Employed: From	To
Address			City, State, ZIP	
Duties:			Position:	
Reason For Leaving:			Supervisor's Name:	
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Employer	Phone	E-Mail	Dates Employed: From	To
Address			City, State, ZIP	
Duties:			Position:	
Reason For Leaving:			Supervisor's Name:	
			May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Seasonal	

List the names of two persons, other than relatives or personal friends, who have knowledge of your work experience, education, and/or volunteer experience.

Name	Address	Business or School	Phone	Years acquainted
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Next of kin NOT residing with you: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## VALDOSTA-LOWNDES COUNTY FAMILY YMCA VOLUNTEER WAIVER AND RELEASE FROM LIABILITY

**RELEASE AND WAIVER OF LIABILITY:** I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person that might arise directly or indirectly as a result of, and or participation as a volunteer for the Valdosta-Lowndes County Family YMCA. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Valdosta-Lowndes County Family YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the Valdosta-Lowndes County Family YMCA.

**PROPERTY LOSS:** I understand that the YMCA is not responsible for a volunteer's personal property that is lost, damaged or stolen.

**INSURANCE:** I understand that it is my responsibility to provide for my own accident and health coverage while participating as a YMCA volunteer.

**MEDICAL RELEASE:** I authorize the Valdosta-Lowndes County Family YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such a treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or I am otherwise unable to give such consent, I authorize the Valdosta-Lowndes County Family YMCA to give first aid, CPR or other treatment by a qualified staff member.

**MEDICAL CLEARANCE:** If I answer "yes" to any of the following questions, I understand that it is my responsibility to get a medical release form from my doctor before I volunteer: 1) Have you ever been informed that you have high blood pressure? 2) Have you had a heart attack, heart surgery or any type of heart problem? 3) Do you have any serious orthopedic problem? 4) Are you pregnant? 5) Is there any reason why you believe you should not engage in volunteering?

**ACCEPTANCE:** I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. Also by signing below, I allow the Valdosta-Lowndes County Family YMCA to take pictures (both still and video) of myself and/or my children. I also grant permission for these images to be used both in print ad on the internet for the purpose of promoting the YMCA's programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work in the publicity of their programs.

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Signature of Volunteer(or Parent/Guardian if under 18 years old)

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Date

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Printed Name of Volunteer



# Volunteer Availability

Name \_\_\_\_\_ Date(s) Available: \_\_\_\_\_

Please indicate below only the hours you are available to volunteer.  
 Feel Free to make copies of this page as a progress tracker.

DAY	YMCA HOURS	24 HR FITNESS YES/NO	HOURS AVAILABLE TO WORK (indicate between AM and PM)	SCHOOL SCHEDULE
MONDAY	4:45 AM - 9:00 PM			
TUESDAY	4:45 AM - 9:00 PM			
WEDNESDAY	4:45 AM - 9:00 PM			
THURSDAY	4:45 AM - 9:00 PM			
FRIDAY	4:45 AM - 9:00 PM			
SATURDAY	7:45 AM - 7:00 PM			
SUNDAY	12:45 PM - 7:00 PM			

The information I have provided on this application is true and complete. I understand that if any untrue statement or misrepresentation of fact on this application will be justification for concluding volunteerism.

I hereby authorize that a routine investigation may be made concerning my work experience, character, and general reputation.

I hereby consent to the duly authorized representative(s) of the YMCA to contact any of my former employers, any of the educational institutions which I have attended, and any other person or organization I have listed which might have information relevant to my application for volunteering here. I further consent without further notice to those persons or organizations divulging relevant information to the YMCA notwithstanding that it might otherwise be confidential. I understand that any information obtained by the YMCA in the course of those contacts will be treated in confidence.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT, AND I UNDERSTAND ITS CONTENT AND SIGNIFICANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit a current Background Check from the Police/Sheriff's department along with your Volunteer Application.  
 Thank you for selecting our YMCA to donate your time and talents!

----- For Office Use Only -----

Date Received \_\_\_\_\_

YMCA Supervisor \_\_\_\_\_ Date \_\_\_\_\_