



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICATION FOR VOLUNTEER SERVICE AT THE YMCA

MISSION STATEMENT - The mission of the Montgomery County Family YMCA is to put Christian principles into practice through programs that build healthy body, mind, and spirit for all. We are an equal opportunity employer. The YMCA does not discriminate in hiring because of age, race, creed, color, national origin, sex or disability.

PLEASE PRINT

Date: ___/___/___

Name: _____

(First) (M) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day ___/___-___ Evening ___/___-___

Birthday ___/___/___ Sex ___

Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day ___/___-___ Evening ___/___-___

References (Please list one family member)

1. Name: _____ Relationship: _____ Phone: ___/___-___

2. Name: _____ Relationship: _____ Phone: ___/___-___

3. Name: _____ Relationship: _____ Phone: ___/___-___

How did you learn about volunteer opportunities at the YMCA? _____

Why would you like to volunteer? _____

Criminal History Check

Have you ever been convicted of a crime? (Other than minor traffic violations) Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

If Yes, give dates and an explanation.

Are you a registered as a sex offender? Yes ___ No ___

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld

nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation.

I also understand that the YMCA strongly discourages any fraternization outside of the YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or long standing friendship with a participant or the participant's family, such fraternization's should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and