

## **VOLUNTEER STATEMENT**

In the YMCA's efforts to attract the highest quality volunteer staff, I have been advised that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

If the YMCA of the Coastal Bend accepts my volunteer service, I will comply with all policies established from time to time by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience, and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check. I understand that for some volunteer assignments, health screenings are required by law, and for such assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

I understand that it is the YMCA of the Coastal Bend's policy to secure conviction-only criminal history information as a part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. I understand that the YMCA of the Coastal Bend does not condone child abusers and that the YMCA will be seeking information in my background related to child abuse.

Name: Last	First	Middle	
Names previously used / Maide	n Name		
Date of Birth	Sex		
Social security number	Driver's license number		
Address	City	State	Zip Code

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 YMCA programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization 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 my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of applicant	Date
Signature of parent or guardian if applicant is under 18	Date