



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of the Coastal Bend
Volunteer Candidate Form

Personal Information

Name _____ Date _____

Address _____ Email Address _____

Telephone Number _____ Current Employer/School _____

Are you 18 years of age or older? Yes ___ No ___ If no, what is your birth date? _____

Have you ever been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record), or have you been released from prison in the last 10 years? Yes ___ No ___ If yes, please describe in full:

Why do you want to volunteer? (please check all that apply)

Do something good Meet new people Court-ordered community service

Use or develop skills Gain experience in a desired field of work

Internship requirements School graduation requirements

Church program requirements Other (please specify) _____

Availability

How many hours per week do you wish to commit to a YMCA volunteer assignment? _____ If not a weekly volunteer assignment, what schedule can you commit to? _____

How long will your initial commitment to YMCA

volunteer work be? ___ six months ___ One year other: _____

Please use the grid below to indicate your availability for a YMCA volunteer assignment.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Related Background Information

Training, Formal Education or Certifications You Can Apply as a YMCA Volunteer:

Paid or Volunteer Work Experience You Can Apply as a YMCA Volunteer:

Skills or Interests You Can Apply as a YMCA Volunteer:

References

Please supply work, volunteer or personal references. Do not list relatives.

Name	Relationship To You	Address	Phone Number

In case of emergency, who should we contact (name, relationship to you, phone number)? _____

I certify that the information contained herein is correct to the best of my knowledge and understand that falsification of information or omission of significant information may be grounds for dismissal as a volunteer. I authorize the YMCA of the Coastal Bend to fully investigate all information required of me or disclosed by me in this volunteer candidate form regarding suitability for a volunteer assignment at the YMCA, including, without limitation, my qualifications, character, performance, and/or ability. I understand that consumer background investigation reports, which may contain public record information related to criminal history may be requested, subject to state and federal laws and regulations. Further, I understand that the YMCA will be requesting information from various Federal, State, Local and other agencies, which may include fingerprinting, and which may contain pertinent information about my suitability to volunteer. In addition, I understand that the YMCA is committed to child abuse prevention and takes steps to identify volunteer candidates who may have abused children in its volunteer screening and policies. I agree to conform to the rules and regulations of the YMCA of Metropolitan Chicago and acknowledge that these rules and regulations may be changed at any time, at the YMCA's sole option and without prior notice. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from me or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and I, for myself, any personal representatives, assigns, heirs and next of kin, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward.

Volunteer Candidate Signature _____ Date _____

Volunteer Candidate's Parent/Guardian Signature if under 18 _____ Date _____