

Does your employer match monetary contributions or contribute money for volunteer hours?

Yes No

Are you volunteering for Community Service?

Are you volunteering as an internship? If so what college?_____

Have you previously volunteered or been employed at a YMCA? **YES NO**

Why are you interested in volunteering?

What skills and training qualify you for this volunteer position?

What are some of the skills, talents and interests that you would enjoy sharing?

Please list previous volunteer experiences and any volunteer experiences where you worked with children.

Additional Information:

Have you ever been convicted of a felony or a felony offense against a person or any misdemeanor or felony offense in which the victim was a minor in any state at any time, including convictions that have been expunged, sealed, set aside, or otherwise removed from your criminal history record, including convictions that you have been told by legal authorities you need not report, but not including convictions that have been expunged pursuant to ORS 419A.260 and ORS 419A.262? If yes, please report the crime for which you were convicted, date of conviction and state where conviction occurred. ____ Yes ____ No If yes, please explain

I voluntarily authorize YMCA of Columbia-Willamette and its agents to obtain criminal background information about me, including but not limited to, information that was expunged, sealed, set aside or otherwise removed from my criminal record history but not including convictions that have been expunged pursuant to ORS 419A.260 and ORS 419A.262 for volunteer purposes in connection with my application and hire for employment with the YMCA. I also authorize and direct law enforcement authorities, court personnel and any other public or private officer or person, to disclose all of the aforesaid information, without condition or qualification, to the YMCA of Columbia-Willamette. I specifically authorize YMCA of Columbia-Willamette to obtain consumer reports from consumer reporting agencies including, but not limited to, Criminal Info Services, Inc. (CIS) for employment purposes. I understand I have rights under FCRA as indicated in the Fair Credit Reporting Act Disclosure Notice I will receive if offered to volunteer with YMCA of Columbia-Willamette. (_____ Initial here)

You are advised that the YMCA of Columbia-Willamette may request a fingerprint based criminal records check for the purposes of evaluating your fitness as an employee. You may obtain a copy of the record check report from, or challenge the accuracy or completeness of the record check report, through the Oregon State

Police or Washington State Patrol identification services section or the Federal Bureau of Investigation.
(_____Initial here)

The YMCA of Columbia-Willamette's efforts to attract the highest quality volunteers, I have been advised that, as a part of the application process for volunteer service with the YCMA, an extensive inquiry will be make concerning my prior employment, activities, character, and I fully consent to and authorize all such inquiries. If the YMCA accepts my volunteer service, I will comply with all policies and procedures established 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 it is this YMCA'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 they YMCA of Columbia-Willamette do not condone child abusers and that the YMCA will be seeking information in my background related to child abuse.

Full Name: _____

Maiden name/names previously used _____

Previous states lived in the last seven years _____

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 participant 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.

Signed

Date

Signature of parent or Guardian if applicant is under 18

Date

Insurance Information:

Thank you for volunteering your time with the YMCA of Columbia-Willamette. We hope this will prove to be a rewarding experience for you. As a volunteer, you are *not* covered by the YMCA's Worker's Compensation program. You are, therefore, urged to have your own health insurance in ever the event you are injured while performing your volunteer duties. The YMCA carries insurance for accidental injury for the public arising from our programs, which will protect you in the event of property damage or accidental injury to the public as a result of your performance or volunteer duties *assigned by the YMCA of Columbia-Willamette*.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION ON VOLUNTEERS AND INSURANCE

Signature _____ Date _____

Volunteer Acknowledgements

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

I understand that I am to immediately report accidents or injuries of participants or myself to my supervisor. I also understand that volunteer positions are *not* covered under Worker's Compensation Insurance.

initial

I understand that the YMCA of Columbia-Willamette makes an active effort to prevent child abuse and thus requires that all volunteers have background checks and attend Child Abuse Prevention Training.

initial

I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

initial

I understand that if chosen for a volunteer position, I will receive neither monetary compensation nor a membership to the YMCA of Columbia-Willamette as a benefit of volunteerism.

initial

I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or Branch Director. It is the policy of the YMCA to cooperate with the authorities conducting investigations of suspected child abuse.

initial

I understand that all volunteers are subject to dismissal at the discretion of the YMCA of Columbia-Willamette and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if YMCA programs are dependent upon my agreed attendance, I will give the YMCA of Columbia-Willamette ample notice of intentions to cease volunteering.

initial

I understand that if selected to volunteer, any misrepresentations made by my completing this application shall be considered as sufficient cause for my dismissal without advance notice.

initial

I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA of Columbia-Willamette.

initial

I understand that volunteers will not fraternize with children outside the programs, including babysitting or inviting children home. No exceptions will be made.

initial

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

initial

I understand that information concerning my past record may be sought from employers, references and organizations for which I may have volunteered. I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

initial

NAME: _____

DATE: _____