

INTERESTS

- | | |
|---|---|
| <input type="checkbox"/> Fitness/Wellness | <input type="checkbox"/> Teen Activities |
| <input type="checkbox"/> Front Desk/Clerical | <input type="checkbox"/> Active Older Adults |
| <input type="checkbox"/> Child Watch | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Building/Maintenance/Landscaping | <input type="checkbox"/> Kids-Corner (homework/board games) |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Other _____ |

Are there any particular skills, talents, or interests you would like to share?

EMPLOYMENT

Name of Organization _____

Employment Dates (mo/yr) _____ to _____ (present)

Address _____ Telephone _____

Name and title of immediate supervisor _____

May we contact your employer? Yes No

REFERENCES

Please list two people (please no relatives or employers) whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

2. Name _____

Telephone _____ Relationship to you _____

How long have you known this reference? _____

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you.

1. _____

2. _____

3. _____

AGREEMENT

The above information is correct and complete to the best of my knowledge, without consequential omissions. I authorize the organizations and persons named to release any information requested regarding my service, character and qualifications. I understand and authorize the agency to do a background check, random drug test, and realize my volunteer work is contingent upon my police background check. I acknowledge that the agency is not obligated to offer me a volunteer position. I further agree to release and hold harmless Parkview Huntington Family YMCA, institutions and references listed above and any law enforcement agency from all liability and any damage that may result from furnishing this information to you. I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by myself or my family while on any YMCA premises or as a result of any YMCA sponsored activity. I further indemnify and save harmless the YMCA from any such claims or demands arising out of such injuries or losses. I hereby give the YMCA the right and permission to take, publish and republish photographs for any purpose whatsoever of my family members or myself and to use our names in conjunction, if the YMCA chooses. As a volunteer of the YMCA, I agree to abide by the rules and policies of the association.

Applicant signature _____ Date _____

Parent or guardian signature _____ Date _____ (if you are under 18)