



## Application for Volunteer Service

Thank you for considering the YMCA of Greater St. Petersburg as a place to donate your time and talents. Volunteers are vital to the success of the many programs and services we offer. Without you, we would not be able to meet the growing needs of the children, families and adults who live in our community.

***To solve the problems closest to home, or better yet, prevent them – the YMCA needs more people like you!***

LAST NAME:	MIDDLE:	FIRST NAME:
SOCIAL SECURITY #	BIRTH DATE:	EMAIL ADDRESS:
STREET ADDRESS:	CITY, STATE, ZIP:	
HOW LONG AT THIS ADDRESS?	GENDER:	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DAY TIME PHONE:	EVENING PHONE:	
<b>EMERGENCY CONTACT INFORMATION</b>		
NAME:	STREET ADDRESS:	
CITY, STATE, ZIP	DAY TIME PHONE:	
EVENING PHONE:	RELATIONSHIP TO APPLICANT:	
<b>VOLUNTEER SERVICE INFORMATION</b>		
WHAT ARE YOUR AREAS OF INTEREST? CHECK ALL THAT APPLY:		
<input type="checkbox"/> Wellness/Fitness <input type="checkbox"/> Aquatics <input type="checkbox"/> Youth Sports <input type="checkbox"/> Child Care <input type="checkbox"/> Tutoring <input type="checkbox"/> Camps <input type="checkbox"/> Teen Activities <input type="checkbox"/> Arts <input type="checkbox"/> Adult Sports <input type="checkbox"/> Seniors <input type="checkbox"/> Special Events <input type="checkbox"/> Board Member <input type="checkbox"/> Fundraising <input type="checkbox"/> Committee Work <input type="checkbox"/> Focus Groups <input type="checkbox"/> Clerical/Admin <input type="checkbox"/> Maintenance/Custodial <input type="checkbox"/> Other:		
WHAT DO YOU ENJOY MOST OR SEE YOURSELF DOING AS A VOLUNTEER?		
<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraiser <input type="checkbox"/> Social <input type="checkbox"/> Programs <input type="checkbox"/> Policy/Committee		
WHY WOULD YOU LIKE TO VOLUNTEER?		
<input type="checkbox"/> Spend time with children/family (parent volunteer) <input type="checkbox"/> Give back to community <input type="checkbox"/> Meet people <input type="checkbox"/> Requirement for school <input type="checkbox"/> Court Ordered # hours: <input type="checkbox"/> Other:		
AVAILABILITY (CHECK ALL THAT APPLY):		
DAYS: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		
TIMES: <input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> EVENING <input type="checkbox"/> ANY		

<b>EMPLOYMENT, BACKGROUND INFORMATION &amp; REFERENCES</b>		
CURRENT/MOST RECENT EMPLOYER NAME:		STREET ADDRESS:
CITY, STATE, ZIP		PHONE:
NAME & TITLE OF SUPERVISOR		YOUR TITLE/POSITION HELD
<p>HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY OR NO CONTEST TO, OR HAD ADJUDICATION WITHHELD FOR A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? <input type="checkbox"/> NO <input type="checkbox"/> YES, if yes, please provide the date(s) and type of offense(s), disposition and other significant details:</p> <p>_____</p> <p><i>A conviction will not automatically prevent you from volunteering. The nature, severity and date of offense in relation to the position for which you are volunteering will be considered, consequently we need all of the facts relative to the conviction(s).</i></p>		
PLEASE LIST TWO PERSONAL AND ONE FAMILY REFERENCE:		
NAME:	PHONE NUMBER:	RELATIONSHIP
NAME:	PHONE NUMBER:	RELATIONSHIP
NAME:	PHONE NUMBER:	RELATIONSHIP
<p><b>PHOTO RELEASE:</b> I grant permission to the YMCA to use my voice/words, photographs and videotapes taken of me for publication in any form to promote YMCA activities.</p> <p><input type="checkbox"/> I have read and agree to the Photo Release</p>		
<p><b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:</b> If I should become ill or injured during a volunteer activity I understand that the YMCA will contact the person I have designated. Should the YMCA be unable to contact the person designated as the Emergency Contact, they are authorized to arrange for immediate emergency treatment necessary to ensure my health and safety. I accept responsibility for payment of medical services rendered.</p> <p><input type="checkbox"/> I have read and agree to the Authorization for Emergency Medical Treatment</p>		
<p><b>ASSUMPTION OF RISK:</b> I understand that community service activities may include work that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm, or loss or damage to property arising from participation in the volunteer activity. If I require accommodations for special needs or disabilities, I will contact the YMCA, whereby the YMCA, on a case by case basis will review the accommodation request.</p> <p><input type="checkbox"/> I have read and agree to the Assumption of Risk</p>		
<p><b>VOLUNTARY RELEASE OF THE YMCA OF GREATER ST. PETERSBURG FROM LIABILITY:</b> I am an adult over 18 years of age and I wish to participate in YMCA Volunteer activities, or give my child/ward named as the participant above permission to participate in YMCA Volunteer activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in volunteer activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my participation or my child/ward's participation in YMCA Volunteer activities, whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members, participants and guests.</p> <p><input type="checkbox"/> I HAVE READ, UNDERSTOOD AND AM VOLUNTARILY AGREEING TO AND ACCEPTING THIS AUTHORIZATION AND RELEASE</p>		
<ol style="list-style-type: none"> <li>1. The use of illegal drugs, tobacco and/or alcohol is prohibited at any time during any YMCA program, activity or event.</li> <li>2. The information that I have provided may be verified and I give permission to the YMCA of Greater St. Petersburg to make inquiries from others, which may include a criminal background check to determine my suitability to act as a YMCA volunteer.</li> <li>3. In the course of volunteering for the YMCA, I may encounter confidential information and I agree to keep said information in the strictest confidence.</li> <li>4. The relationship between the YMCA and volunteers is "at will" and may be terminated at any time for any reason by either party.</li> </ol>		

5. I understand that I will receive instruction and training prior to starting my volunteer activity. <input type="checkbox"/> I affirm that I have read the above and that the information I have provided is true and complete. I agree to abide by the policies, procedures, guidelines and stipulation of behavior while volunteering for the YMCA of Greater St. Petersburg.	
PRINTED NAME OF VOLUNTEER:	SIGNATURE OF VOLUNTEER:
PRINTED NAME OF PARENT/LEGAL GUARDIAN (if volunteer is under 18):	SIGNATURE OF PARENT/LEGAL GUARDIAN(if volunteer is under 18):
DATE:	STAFF INITIAL:

***Please go to Page 4 to complete the Background Release Form.***

***Thank you for your interest in volunteering for the  
YMCA of Greater St. Petersburg.***



**LOCAL CRIMINAL RECORDS CHECK**

To the Director:

Each prospective employee other than owner or director is to complete the following. The form is then to be mailed to the Pinellas County Sheriff's Department, P.O. Box 2500, Largo, FL 34649-2500 if the prospective employee is a resident of Pinellas County. If the prospective employee resides in another county, submit the form to the Sheriff's Department of that county. See the Procedure Manual for instructions if the employee has lived at their current address less than 6 months.

I, \_\_\_\_\_, in accordance with Chapter 85-54, amended to 87-238, Laws of Florida, hereby give the Pinellas County Sheriff's Department permission to search its files and release the information to my prospective employer, the YMCA of Greater St. Petersburg, Human Resources. I realize this search is a routine matter for all prospective employees.

\_\_\_\_\_  
**Signature of Prospective Employee**

**Full Name** \_\_\_\_\_  
                    **Last**                            **First**                            **Middle/Maiden**                            **Other Name**

**Sex** \_\_\_\_\_ **Race** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Address** \_\_\_\_\_

\_\_\_\_\_  
                    **City**                            **State**                            **Zipcode**

**Previous address & name of county, if less than 6 months resident at current address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**To the Sheriff's Department: 10750 Ulmerton Road, Largo, FL 33778**

**PLEASE RETURN RESULTS IN THE ENCLOSED STAMPED, SELF-ADDRESSED ENVELOPE.  
219-c-118 (4/93)**