



# Greater Morristown YMCA -- VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Social Security # \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Community Affiliations (Clubs, Service Organizations, etc.) \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Do you have Children in this Program? Yes  No  If yes, list full name and what level. \_\_\_\_\_

Special Certifications (i.e. CPR, Medical , etc.) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes  No

If yes, describe each in full: \_\_\_\_\_

In which In which of the following would you like to participate? (Check one or more)

Coaching  Babysitting  Aquatics  Fitness  Special Events  Other

Child care  Youth & Family Dept.

Please list 3 references, at least one of which has knowledge of your participation as a volunteer in a program.

Name \_\_\_\_\_ Phone \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

As a condition of volunteering, I give permission for the YMCA organization to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Greater Morristown YMCA receiving no inappropriate information on my background. I hereby, release and agree to hold harmless from liability the YMCA officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also, understand that regardless of previous appointments, the YMCA is not obliged to appoint me to a volunteer position. I understand I am subject to suspension, and/or removal for violation of the YMCA policies or code of conduct.

Applicants Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicants Name (please print or type) \_\_\_\_\_

**Note: The YMCA will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.**

YMCA use only:

Background check completed by \_\_\_\_\_ on \_\_\_\_\_

System used for background check (minimum of one must be checked): Sex Offender Registry

Criminal History Records  Choicepoint\*

*\*Please be advised that if you use Choicepoint and there is a name match in the few states where only name match search can be performed you should notify volunteers that they will receive a letter directly from Choicepoint in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the volunteer.*

*Only attach to this application copies of background check reports that reveal convictions of this applicant.*