

YMCA of South Florida – Volunteer Application

In accordance with the YMCA of South Florida's zero tolerance policy against child abuse; we aggressively investigate all volunteers to eliminate the potential for child abuse. As a condition of volunteer service, all individuals will be required to submit to and satisfactorily clear a thorough background screening. In addition, all volunteers must provide proof of United States Citizenship or legal immigration status in the United States.

Must be at least 16 years of age to Volunteer.

In order for you to become a volunteer, please complete the following:

Today's date _____ Social Security # _____

Center/ Location _____

Full Name _____ Date of Birth: _____ Sex: Male ___ Female ___

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

I have completed and returned a Form I-9, Employment Eligibility Verification together with appropriate proof of United States Citizenship of legal immigration status required thereby.

Signature of Volunteer Date

Please complete if fulfilling community service hours.

Name of University/ School _____

Volunteer Program Coordinator _____

Phone _____ E-mail Address _____

Major Field of Study _____ Year in School _____

G.P.A _____

YMCA of South Florida – Volunteer Application

Availability

Dates Available for Volunteer Service: _____

Days & Times Available for Volunteer Service _____

I have a strong interest in the following area(s):

___ Aquatics ___ Health & Well-being ___ Sports Management

___ Child Care ___ Human Resources ___ Staff Development

___ Facility Management ___ Marketing ___ Youth Programs

___ Finance/ Accounting ___ Member Services

___ Financial Department ___ Other: please list here _____

Why would you like to volunteer for the YMCA?

I want to give back to the community Required for school Other, explain below:

What other organizations have you volunteered for, if any?

Are you a member of a YMCA (membership is not required)? Yes No

Have you EVER been convicted of a criminal offense? YES NO

If yes, please explain: _____

Have you ever been the subject of a report or been accused of child abuse or neglect?

YES ___ NO ___

If yes, please explain:

YMCA of South Florida – Volunteer Application

Emergency Contact:

Name _____ Phone _____

Relationship _____

By signing below you agree to the following:

I certify that all answers given by me are true, accurate and complete, and I authorize the investigation of all statements contained in this application. I authorize you to communicate with all persons listed as reference and others whom you desire to contact.

I understand that any omissions or misstatements made by me or this application form may be the cause for my application to be declined or for dismissal from my Volunteer role.

I understand that the attached consent form allows the Y to investigate conviction records and conduct reference checks. I also understand that my application may be declined or dismissal from my Volunteer role may result based on the results of pertinent verification.

I also understand that the YMCA of South Florida has zero tolerance for abuse and that I will report inappropriate actions observed or alleged to staff immediately. Failure to follow reporting procedures may result in dismissal from my Volunteer role.

If you have any questions, please feel free to contact the Human Resources Department at 954-334-9622

Signature of Volunteer

Date

Must be at least 16 years of age to Volunteer.

(If you are under 18 years of age, your parent or guardian must sign this form.)

Name of Parent or guardian _____

(Please print and sign)

Date