



# Muncie Family YMCA Individual Volunteer Application Form

Mr.  Mrs.  Miss  Ms.  Rev.  Dr.  Other: \_\_\_\_\_

Name: \_\_\_\_\_  
First Initial Last

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### Interests

How did you learn about volunteer opportunities at the YMCA?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the particular volunteer opportunities that interest you?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Youth Sports Coach       | <input type="checkbox"/> Group Exercise Instructor  | <input type="checkbox"/> Office Assistant/Clerical |
| <input type="checkbox"/> Child Development Center | <input type="checkbox"/> Member Service/Hospitality | <input type="checkbox"/> Child Watch Assistant     |
| <input type="checkbox"/> Maintenance/Grounds      | <input type="checkbox"/> Food Service               | <input type="checkbox"/> YMCA Special Events       |
| <input type="checkbox"/> Board/Committee Member   | <input type="checkbox"/> Invest in Youth Campaigner |  |
| <input type="checkbox"/> Other: _____             |   |  |

Are there any specific skills, talents or interests that you'd like to share?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other organizations for which you have volunteered?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History – Please list two most recent employers during last five years**

Name	Dates of Employment	Address	Supervisor	Phone

**References – Please list three people besides relatives and employers whom you have known for at least two years and who know you well enough to provide us with a reference**

Name	Address	Phone	How long have you known this reference?

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_  
 (For applicants under age 18)

Date: \_\_\_\_\_

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 For YMCA use only

Check	Item	Date
<input type="checkbox"/>	Initial phone call	
<input type="checkbox"/>	Application completed ____ Statement of Compliance completed ____ Release Consent completed ____	
<input type="checkbox"/>	Staff matched to Program: _____ Dept: _____ Branch: _____ Supervisor: _____	
<input type="checkbox"/>	First hour PC orientation	
<input type="checkbox"/>	Child Abuse Prevention training attended	
<input type="checkbox"/>	Starting date scheduled for _____	
<input type="checkbox"/>	Shirt issued	
<input type="checkbox"/>	ID issued	

## Statement of Compliance

In the Muncie Family YMCA'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 YMCA, an extensive inquiry will be made concerning my prior employment, activities, and character and I fully consent to and authorize all such inquiries.

If the Muncie Family YMCA accepts my volunteer service, I will comply with all policies set forth 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 the YMCA's policy to conduct a criminal records background check as a part of the screening process for volunteers, and that I have provided that information for the sole purpose of the YMCA's obtaining a criminal records history file search. 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 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.

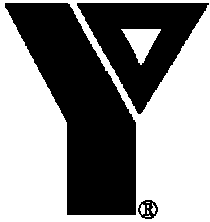
I understand and agree that if my service as a volunteer is accepted, there is not a contract period for volunteer service and my volunteering would be solely "at will", giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I understand that I may be required to attend mandatory trainings as per the policies of the Muncie Family YMCA, and that my continued volunteer service may depend upon attendance at these trainings.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this Statement of Compliance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under age 18)



# MUNCIE FAMILY YMCA

We build strong kids, strong families, strong communities.

## CONSENT TO RELEASE INFORMATION

I hereby consent to a release of information from, the Criminal Justice System and Child Protection Service to the Muncie Family YMCA of any prior criminal history, arrest record, or Child Protective Service history to ensure the safety of the children whom I may be the caretaker or acting in the position of trust.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Signature: \_\_\_\_\_

### Association Offices

500 S Mulberry St  
Muncie, IN 47305  
Phone: 765-288-4448  
Fax: 765-741-5556

### Branches

#### **Apple Tree Child Development Center YMCA**

3501 Chadam Lane  
Muncie, IN 47304  
Phone: 765-286-0616  
Fax: 765-741-5016

#### **Blackford County YMCA**

1709 N Walnut  
Hartford City, IN 47348  
Phone: 765-348-9622  
Fax: 765-348-9627

#### **Camp Crosley YMCA**

165 EMS T2 Lane  
North Webster, IN 46555  
Phone: 574-834-2331  
Toll Free: 877-811-6189  
Fax: 574-834-3313

#### **Downtown YMCA**

500 S Mulberry St  
Muncie, IN 47305  
Phone: 765-288-4448  
Fax: 765-741-5556

#### **Northwest YMCA**

3500 Chadam Lane  
Muncie, IN 47304  
Phone: 765-286-0818  
Fax: 765-741-5550

#### **South YMCA**

3813 S Madison  
Muncie, IN 47302  
Phone: 765-751-3300 x. 5

*The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.*

[www.muncieymca.org](http://www.muncieymca.org)