



Gaston County Family YMCA Volunteer Application

YMCA (Please check one)

Central
 Stowe
 Cherryville
 South Gaston
 Pharr

Name (Print): _____ Home Phone: _____ DOB: _____

Street: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____ Male: _____ Female _____

Email Address: _____ School/Place of Employment: _____

Have you ever volunteered at a YMCA? Yes No
 If yes, in what capacity? _____

In what areas of the YMCA would you like to volunteer?

(Check all that apply)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Teens | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Asst. Coach |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Referee |
| <input type="checkbox"/> Data Input (Computer) | <input type="checkbox"/> Focus Group | <input type="checkbox"/> Team Parent |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Aquatics | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Committee/Board Work | <input type="checkbox"/> Afterschool | <input type="checkbox"/> Summer Camp |

Do you have children involved in the YMCA programs?

Yes No

List all current special license(s), permit(s), certification(s), etc., you may hold. (i.e. CPR/FA, Lifeguarding, etc.)

Type: _____ **Level** _____ **Expiration Date:** _____

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Availability	
<input type="checkbox"/> Special Events	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Call When Needed	<input type="checkbox"/> Varies
Please list the days and times you would consider volunteering or the times you prefer to have practice (coaches)	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

REFERENCES: Please include a **minimum of one family member:**

Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name	Email _____ Phone	Office Use—Ref
Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name	Email _____ Phone	Office Use—Ref
Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name	Email _____ Phone	Office Use—Ref

Statement of Volunteer Applicant

In the event of my volunteering for the Gaston County Family YMCA, I will comply with all policies set by the organization. I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be a reason to disqualify me as a volunteer. I give my permission to the Director of the program to contact the references I have listed. I also understand that as a volunteer for the Gaston County Family YMCA I am subject to a criminal background check. I have completed the Fair Credit Reporting Act Disclosure & Authorization form (included in this packet) and have returned it to the appropriate YMCA Director.

I understand that it is the YMCA’s policy to secure criminal history information as a part of the screening process for volunteers. I understand that the Gaston County Family YMCA does not condone child abusers and that the Gaston County Family YMCA will be doing a full search monthly in the Sexual Predator Data Base.

Name: (First, Middle, Last) _____
Names previously used before marriage: _____
Birthday: _____ Race: _____ Sex: _____
Social Security Number: _____
Driver’s License Number and State: _____
Email Address: _____

Have you ever pled no contest, been found guilty of, or admitted guilt to a crime which is a misdemeanor or felony as an adult or its equivalent as a juvenile?

___NO ___YES

If yes, explain. (A “yes” response will not necessarily eliminate you as a candidate for this volunteer position). Court ordered community service is not accepted by the Gaston County Family YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Signature of Applicant: _____ Date: _____

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Authorization to Obtain Employment Background Report

I have read the Disclosure Regarding Employment Background Report provided by Gaston County Family YMCA (GCFY) and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by Sterling Infosystems, Inc. ("STERLING"), a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, www.sterlinginfosystems.com, of background reports regarding me and the release of such reports to the GFY and its designated representatives, to assist the GFY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to STERLING and/or the GCFY itself, and authorize STERLING to provide such information to the GCFY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Signature

Today's Date

Print Name

Under 18 Parental Authorization

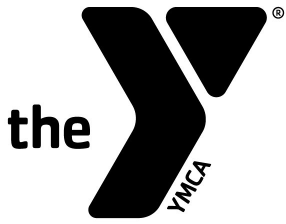
I, the undersigned parent or legal guardian of _____, do hereby consent, on behalf of myself and said child, to have a background report prepared by Sterling Infosystems, Inc. and delivered to the Gaston County Family YMCA for use for employment purposes consistent with the disclosure and authorization provided to said child.

Signature of Legal Parent or Guardian

Today's Date

Print Name

***You will be provided with an email link to complete background check information.**



Gaston County Family YMCA

Emergency Contact Information (Please Print Legibly)

Volunteer Name: _____

Address: _____

Phone Number: Cell: _____

Home: _____

In the event of an emergency at the Y, please provide the names of 2 emergency contacts that we can call.

Name of Contact: _____

Relationship to you: _____

Phone Numbers of Contact: Cell: _____

Home: _____

Work: _____

Other: _____

Name of Contact: _____

Relationship to you: _____

Phone Numbers of Contact: Cell: _____

Home: _____

Work: _____

Other: _____