



YMCA of San Luis Obispo



VOLUNTEER APPLICATION AND AGREEMENT

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment and placement of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No questions on this application are intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully but its receipt does not imply that you will be chosen as a volunteer.

ALL VOLUNTEER POSITIONS REQUIRE FINGERPRINTING

Date: _____ Position Desired: _____

Personal Information

Name _____ Email Address _____

Address: _____ City _____

Home Phone: _____ Alternate Phone: _____

Are you over 18 years of age? YES _____ NO _____ Social Security # _____

Have you ever been convicted of a felony? YES__ NO__ If yes please explain: _____

A conviction does not automatically mean you will not be offered a volunteer position. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts so that a fair decision can be made.

Current Place of Employment _____

Address: _____ City _____ Zip _____

Emergency Contact Name _____ Phone _____

Address _____ Relationship _____

Volunteer Information

Have you ever volunteered for other organizations YES _____ No _____

1. Organization _____ Position _____

Supervisor Name _____ Phone _____

2. Organization _____ Position _____

Supervisor Name _____ Phone _____

Why are you interested in volunteering?

Describe any formal/informal training you have had as a volunteer.

Please list any current certificates you hold (i.e. CPR, First Aid, etc) along with their expiration dates:

* * * * *

Personal References

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Please list any friends, relatives or acquaintances employed at this YMCA and their relationship to you:

1.

2.

* * * * *

IF YOU ARE APPLYING TO VOLUNTEER TO WORK WITH CHILDREN PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why do you want to work with children?

What age group and sex do you prefer to work with? Why?

What is your philosophy about discipline?

List other areas where you are involved with children.

What are your two greatest strengths you have working with children?

What are your two most difficult problems you have working with children?

What sports have you played or coached?

Do you have a YMCA Rag? What color?

Do you have a YMCA Leather; triangle, square or circle?

* * * * *

Volunteer Acknowledgement

___ I understand that I am to immediately report accidents or injuries of myself and participants to my supervisor and volunteer positions are not covered under Workman's Compensation Insurance.

___ I understand the YMCA of San Luis Obispo makes an active effort to prevent child abuse and this requires that all volunteers be fingerprinted and requires volunteers to attend Child Abuse Prevention Training.

___ I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

___ I understand that if chosen for a volunteer position, I will not receive any monetary compensation or membership to the YMCA as a benefit of volunteerism.

___ I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or CEO and it is the policy of the YMCA to cooperate with authorities conducting investigations of suspected child abuse.

___ I understand that all volunteers are subject to dismissal at the discretion of the YMCA and the volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if the YMCA programs are dependent on my agreed attendance, I will give the YMCA ample notice of intention to cease volunteering.

___ I understand that if selected to volunteer, any misrepresentation made by my completion of this application shall be considered as sufficient cause for my dismissal without advance notice.

___ I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA.

___ I understand that volunteers will not fraternize with children outside the program, including babysitting or inviting children home. No exception will be made.

___ I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

___ I understand that information concerning my past record may be sought from employers, references and organizations I may have volunteered for and I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

I hereby certify that the information provided on this application is accurate to the best of my knowledge and the subject to verification by the YMCA. I authorize the individual or organization named in this application to provide the YMCA (its employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justification for refusal for placement. I have read the above acknowledgement and this statement and accept the same as a condition of my placement with the YMCA.

Signature of Applicant _____ Date _____

YMCA of San Luis Obispo

Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the San Luis Obispo YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITES OR EQUIPMENT, OR PARTICIPAION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HERBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILTY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the forgoing written agreement have been made.

I HAVE READ THIS RELEASE AND AGREEMENT

Signature _____ Date _____