



# North Central Florida YMCA Volunteer Application

Thank you for your interest in volunteering with the North Central Florida YMCA!  
Please complete the following information to help us make the best of your time and talents.

NAME

DATE

HOME ADDRESS

PHONE NUMBER

EMAIL ADDRESS

EMPLOYER

WORK PHONE

ARE YOU A YMCA MEMBER?

YES

NO

HAVE YOU VOLUNTEERED WITH A YMCA BEFORE?

YES

NO

IF SO, IN WHAT CITY OR STATE?

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## INTERESTS AND SKILLS

- SPORTS   
  CHILDWATCH   
  FITNESS   
  TEENS   
  MEMBERSHIP   
  FUNDRAISING  
 OFFICE HELP   
 OTHER: \_\_\_\_\_

## SCHEDULE PREFERENCE

- MONDAY   
 TUESDAY   
 WEDNESDAY   
 THURSDAY   
 FRIDAY   
 SATURDAY  
 ANY TIME NEEDED   
 MORNINGS   
 AFTERNOONS   
 EVENINGS

## REFERENCE SECTION

List 3 people, including one relative, you've known for at least 2 years and who knows you well enough to provide a reference.

NAME

NUMBER

Length of relationship? \_\_\_\_\_ Years

Relationship type: \_\_\_\_\_

NAME

NUMBER

Length of relationship? \_\_\_\_\_ Years

Relationship type: \_\_\_\_\_

NAME

NUMBER

Length of relationship? \_\_\_\_\_ Years

Relationship type: \_\_\_\_\_

## BACKGROUND CHECKS

The North Central Florida YMCA conducts criminal background checks on all of our employees and volunteers. As a condition to volunteer, you must agree to a criminal background check.

Date of birth: \_\_\_\_\_ Any other names used in the past: \_\_\_\_\_

SSN: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Driver's License Number/Class: \_\_\_\_\_

Have you ever been convicted, pled "Nolo contendere," or had adjudication withheld for any crime or offense other than a minor traffic violation?  YES  NO

## SIGNATURE SECTION

I certify that the information in this application is true and accurate to the best of my knowledge. I understand that falsification of this application in any degree is grounds for disqualification from volunteering. I understand that the North Central Florida YMCA will conduct a background investigation through the local sheriff's office. I hereby authorize this source to release information about me and understand that the North Central Florida YMCA may contact sources listed herein, I agree to conform to the rules and policies of the YMCA and understand that my volunteer status may be terminated if such rules are not abided by. I understand that the North Central Florida YMCA does not carry accidental insurance, and agree to use my personal insurance if needed. I agree not to hold the North Central Florida YMCA, its staff, Board of Directors, or sponsors responsible for injuries or accidents. I authorize YMCA staff to obtain medical care in the case of injury or accident if a caregiver is unavailable to give direct permission. It is hereby understood and agreed that the North Central Florida YMCA does not have accident or worker's compensation insurance for volunteers.

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

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under the age of 18)

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### FOR OFFICE USE ONLY

Background Check completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Check completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director: \_\_\_\_\_ Date Sent: \_\_\_\_\_

Season: \_\_\_\_\_ Year: \_\_\_\_\_