

WALLA WALLA YMCA

VOLUNTEER APPLICATION

Walla Walla Y / Volunteer Services

340 South Park Street, Walla Walla, WA 99362

Phone: (509) 525-8863 / Fax: (509) 529-0977

Web: www.wwymca.org

Thank you for your interest in the Walla Walla Y Volunteer Program. Your talents and commitments to our mission are what make the Y a great place to be.

PERSONAL DATA

Name _____

E-Mail _____ Preferred Phone _____

Address _____

City _____ State _____ Zip _____

Emergency Contact _____

Emergency Contact Phone _____

Referred by _____

Is he/she a Y employee? Yes No

AREAS OF INTEREST

Fundraising Youth Sports Exercise Classes Youth Activities
 Special Events Board Member Aquatics Kids Corner
 Fitness Center Maintenance Membership Services
 Other _____

AVAILABILITY

Sunday Time _____ Thursday Time _____
 Monday Time _____ Friday Time _____
 Tuesday Time _____ Saturday Time _____
 Wednesday Time _____

VOLUNTEER APPLICATION (PAGE 2)

Are you 21 or older? Yes No If no provide birth date: ___/___/___

Are you a Y member? Yes No

Have you been convicted of or pled guilty to any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years?

Yes No If the answer is yes please attach a full description.

COMMUNITY SERVICE

Are you looking to complete court ordered community service hours? Yes No

If yes, offense _____ Number of hours needed? _____

Deadline to complete hours _____

Parole/Probation Officer's name _____ Phone _____

BACKGROUND: Current/most recent

employer _____

Address _____

Position _____ How long? _____

REFERENCES: Please provide three names of references.

1. Name _____ Phone _____ Relationship to you _____

2. Name _____ Phone _____ Relationship to you _____

3. Name _____ Phone _____ Relationship to you _____

I hereby authorize all corporations, companies, schools, government agencies, persons, military services, and former employers to release information they may have about me to the Walla Walla Y or its agents and employees, and release all corporations, companies, schools, government agencies, persons, military services, and former employers from any liability or responsibility from doing so. I understand that this reference check will include, but not be limited to, verification of all information given by me to the Walla Walla Y. I understand that such information may include information about my back-ground, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I certify that the information provided in this application is true and correct and agree that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed.

Signature of Applicant _____ Date _____

VOLUNTEER APPLICATION (PAGE 3)

Y Mission / Conditions of Volunteer Participation / Release from Liability

Y MISSION:

The Walla Walla Y is dedicated to the values of caring, honesty, respect, and responsibility and committed to building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body.

VOLUNTEER TERMS:

I agree to abide by the Y's policies, procedures, and Code of Conduct. I understand the Y does not provide any health benefits (i.e. medical, dental, worker's compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand and agree that if I am volunteering, there is no contract period and my volunteer service will be solely "employment at will", giving either me or the Y the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Walla Walla Y does not provide volunteer compensation for any requested volunteer services which I provide, or trade services for membership or program fees. (Unless agreed upon in writing)

ABUSE PREVENTION:

I understand that the Y will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if selected as a Y volunteer, at all possible times I am to avoid being alone with a single child where I cannot be observed by other staff or adults.

PROPERTY LOSS:

I understand the Y is not responsible for my personal property lost, damaged or stolen while participation in Y volunteer activities.

MEDICAL TREATMENT:

I give permission for Y representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the Y is not responsible for payment for such medical treatment.

PHOTOGRAPHY PERMISSION:

I give permission for the Y to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Y programs.

RELEASE FROM LIABILITY:

I understand that accidents may occur during my volunteer activities. By signing below, I release the Y, its agents, directors, consultants, and employees from all liabilities based on any damage, loss, or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

I hereby acknowledge that I have read and understand the above statement and that I voluntarily signed this application.

Signature of Applicant _____ Date _____

Parent/Guardian Signature _____ Date _____
(If applicant is under 18)

THINGS TO KNOW

Before Volunteering at the Walla Walla YMCA:

- A completed Volunteer packet is required before volunteering.

- All volunteers must be at least 16 years of age.
- If the volunteer is under the age of 18, a parent or legal guardian must sign the back page of the Volunteer Application form in order for it to be accepted.
- If unable to volunteer during a scheduled time, volunteers should provide the Y with a 24-hour notice or as much as possible.
- Please be on time for all volunteer shifts.
- Completed background check (attached to application)
- In the spirit of true volunteerism the Walla Walla Y does not provide volunteer compensation for volunteer services. In special cases, trade services for membership or program fees are arranged at the discretion of the executive director.

RETURNING APPLICATION

Mail, fax, or deliver completed application to the following location:

Walla Walla YMCA

340 S. Park St.
Walla Walla, WA 99362
(509) 525-8863
(509) 529-0977 Fax