

# CHANGE LIVES CHANGE YOUR COMMUNITY



## Volunteer Application for Family YMCA of Northwest Illinois

Thank you for considering the Family YMCA of Northwest Illinois as a place to donate your time and talents through volunteer service. Here at the YMCA we strive to create a safe environment for those participating in our programs. As such, anyone wishing to serve the YMCA in a volunteer capacity is subject to a criminal history and background check. It is just one of the many ways we help protect children and other vulnerable people served by the YMCA. Thank you again for your cooperation and understanding as we strive together to make this YMCA the best it can be.

*Mark all of the areas you are interested in volunteering:*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Special Events | <input type="checkbox"/> Annual Fundraising Campaign |
| <input type="checkbox"/> Aquatics                | <input type="checkbox"/> Youth Sports   | <input type="checkbox"/> Outreach Program            |
| <input type="checkbox"/> Nursery                 | <input type="checkbox"/> Tutor/Mentor   |  |

Full Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18?  Yes  No If under 16, current age: \_\_\_\_\_ Have you ever volunteered at the Y before?  Yes  No

### Mark the days and time available to volunteer:

*Weekdays* Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_  
*Weekends* Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Have you ever been convicted of a felony, child abuse, or sex-related crimes?  Yes  No

Why are you interested in volunteering with the YMCA?

Are you required to volunteer?  Yes  No If yes, # of hours needed: \_\_\_\_\_ Deadline: \_\_\_\_\_

Name of school/agency/government body requiring community service: \_\_\_\_\_



## References:

List three references that you have known at least two years whom you authorize us to contact:

Type	Name	Contact Information	Years Known
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email:  Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email:  Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email:  Phone:	

\*References may include supervisors, co-workers, faith leaders, teachers or school counselor. No family members.

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 cause termination.

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 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.

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I understand and agree that if my service as a volunteer is accepted, there is no contract period for the volunteer service and my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I have voluntarily sign this application and give permission to the YMCA and its representative to conduct an online criminal background check verified through address, Social Security Number and Date of Birth for volunteer service.

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**Signature of Applicant**

Date

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**Parent Signature** *(if applicant is under 18)*

Date