



LAKE WALES FAMILY YMCA
1001 Burns Ave Lake Wales, FL 33853
863-676-9441

Volunteer Application

Dear Community Volunteer Applicant:

Thank you very much for inquiring about becoming a volunteer at the Lake Wales Family YMCA. From its very beginning, the YMCA was a volunteer founded organization – in the YMCA’s early history, all the people delivering programs and services at Ys were volunteers. In turn, volunteer development has been a priority of the YMCA for years.

We look forward to having you volunteer at our YMCA. In order to begin your service here, we ask that you please complete the attached packet of information. Within the packet, you will find an application, reference requests, and a form to complete a background check (statement of applicant form). Please fill out all of the forms completely and honestly. We cannot process incomplete forms and this will only hold up the process. Please feel free to ask if you have questions.

Once the completed packet is submitted, it typically takes 3 to 4 days for us to complete the necessary follow up. After this is done, we will contact you to begin.

We take your role as a volunteer very seriously here and we want your time spent with us to be spiritually rewarding. If at any time during this process, or as you volunteer with us, should you have any question or concerns, please let us know.

Thank you very much for inquiring about becoming a volunteer here at the Lake Wales Family YMCA.

Management and Staff of the Lake Wales Family YMCA



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Statement of Volunteer Applicant

In the Lake Wales Family YMCA efforts to attract the highest quality volunteers, I have been advised that as a part of the application process for volunteering with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health, and I fully consent to and authorize all such inquiries. I also understand that the YMCA will obtain and retain this information in a confidential manner. Files will be retained in the Human Resources Dept in a secured environment.

In the event of my volunteering for the Lake Wales Family YMCA, I will comply with all policies set by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further 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 they are made with my consent and it is in my interest that I be considered to volunteer. I understand that my continued volunteering is contingent upon an acceptable criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-volunteer screening process. I have provided the following information for the purpose of obtaining a conviction only criminal history file search. I understand that the Lake Wales Family YMCA does not condone child abusers and that the Lake Wales Family YMCA will be seeking information in my background including child abuse.

Reports may be obtained as part of the Lake Wales Family YMCA's volunteer evaluation. The reports may be procured by a third party and may include my driving record, an assessment of my insurability under the company's insurance coverages or other reports. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Name _____
Last First Middle

Street Address City State Zip Code

Maiden name/names previously used _____

Birthdate _____ Race _____ Sex _____

Social Security Number _____

Drivers License Number _____



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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 as a volunteer.

I understand that the YMCA 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 YMCA volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

Have you ever pled nolo contendere (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) If you are applying for community service, please list the charges for which you are doing community service.

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

Signature of Applicant

Date

Volunteer Checklist

Applicant Name _____

Department _____

- Completed & Signed Volunteer Application
- Completed & Signed Statement of Volunteer Application
 - _____
- Criminal Screen Results
 - Date Confirmed _____ Confirmed by _____
 - Local background check attached
- 3 Documented Reference Checks
 - Acceptable forms of references:
 - Letter of Recommendation
 - Documented Phone Reference Check from application references
- Child Abuse Prevention Training and Code of Conduct
 - Date Completed: _____
- Completed VSC form (Volunteer Status Change Form)
- PLEASE ATTACH LOCAL BACKGROUND CHECK**

Packet Completed By _____ Date _____

Signature of Executive _____

Required for new volunteers and those returning after a six-month lapse.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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Please check all that apply:
 Program
 Policy
 Community Service

Lake Wales Family YMCA Volunteer Application

For Office Use:
 References
 Statement of Applicant
 Code of Conduct

Name: _____ E-mail Address _____

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Work Phone #: _____

Volunteer Position/ Department Preferred: _____

If desired choice is unavailable, would you be interested in another volunteer position? Yes No

Tell us about any previous volunteer positions you have held:

Organization _____ Volunteer Position _____

Description _____

Organization _____ Volunteer Position _____

Description _____

Times & Days available:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Why do you want to volunteer your time to the YMCA?



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List three personal references:

Name	Address	Phone	YMCA Use:	
			<i>Ref. Check Completed</i>	
			Initials	Date
			Initials	Date
			Initials	Date

Emergency Contact Name _____ Phone _____

I authorize the Lake Wales Family YMCA to collect personal information appropriate to the position applied for concerning my academic background, employment history and to verify the references I have supplied. I also agree I have or will submit information for a criminal background screen.

Signature: _____ Date: _____



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For Office Use:

References:

Contact Name: _____ Date: _____
Info provided: _____

Contact Name: _____ Date: _____
Info provided: _____

Contact Name: _____ Date: _____
Info provided: _____



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In an effort to protect the children and all members in our programs, the Lake Wales Family YMCA screens all volunteers. Part of this screening process is to obtain recommendations on all volunteers. Please complete this form on behalf of the named volunteer applicant.

Volunteer Name: _____

How long have you known the applicant? _____ years _____ months

In what capacity have you known this applicant? _____

Would you recommend the applicant to work with children? Yes No

Do you know of any reason why this applicant should not work with children?
 Yes No If Yes, please explain: _____

On a scale of 1 to 10, with 10 being the highest, please rate the applicant's moral character in your opinion. (please circle)

1 2 3 4 5 6 7 8 9 10

By signing, I affirm that the above information is accurate and true to the best of my knowledge.

Signature: _____

Print Name: _____

Phone #: _____

Thank you for taking the time to assist us in screening our volunteers.



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Volunteer Status Change

Name: _____

Effective Date: _____ Dept: _____

New Volunteer **Has volunteered for us before**
When: _____

Terminate: Volunteer no longer participating

Seasonal Volunteer

Family Moving

Moving for School

Schedule Conflict

Other: _____

Would Reuse Would Consider Reuse Would Not Reuse
Reason: _____

New Address: _____

Phone: (____) _____

Comments: _____

Supervisor: _____

HR: _____

Director: _____