



ROCKLAND COUNTY YMCA

2019 VOLUNTEER APPLICATION FORM

Thank you for considering the YMCA as a place to donate your time and talents.
We will review your application and contact you to schedule an interview

Our application process takes 2 weeks to process and incomplete application cannot be processed

Name: _____ Birthdate: _____

Address: _____

Email Address: _____ Phone: _____

Hours / Days Available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Time(s) _____

Why are you interested in volunteering for the Rockland County YMCA?

School requirement? If yes, name of school _____

Court-Ordered Service: We accept applications for court-ordered community service if you have not been charged with or have any past crimes involving weapons, violence, molestation, domestic violence, threats to another person. **Court-ordered volunteers cannot volunteer in any program with children.** Offense: _____

General interest/ other: _____

What program area(s) are you interested in working in?

- | | | |
|---|--|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Guest Speaker/Workshop Presenter | <input type="checkbox"/> Mentoring or Tutoring | <input type="checkbox"/> Youth sports |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Policy (Boards, Committees) | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> YMCA program in the Courthouse | <input type="checkbox"/> Story Time Reader | <input type="checkbox"/> Water Aerobics |
| <input type="checkbox"/> Summer Camps | <input type="checkbox"/> Teen Mentoring | <input type="checkbox"/> Swim Lessons |

Interest areas/ skills expereince:

Arts Music Education Community Concerns Health & Wellness Other: _____

Do you have?

First Aid Certification? Date: _____ CPR Certification? Date: _____

Character/Professional References

1. Name: _____ Relationship: _____
Phone: _____ Email: _____

2. Name: _____ Relationship: _____
Phone: _____ Email: _____

3. Name: _____ Relationship: _____
Phone: _____ Email: _____

Volunteer Code of Ethics

Have you ever been refused participation in any youth/childcare/camp program? __yes __No

All YMCA programs have a strong emphasis on the YMCA core values of caring, honesty, respect, and responsibility. Volunteers should reflect these values and be a positive role model for all people by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.

In keeping with the promotion of healthy life-styles, smoking or the use of tobacco products or using, possessing, or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

Volunteers must not abuse children including:

- A. Physical Abuse – strike, spank, and shake, slap
- B. Verbal Abuse – humiliate, degrade, threaten
- C. Sexual Abuse – including inappropriate touching and exposure
- D. Mental Abuse

Volunteers are required to treat all people with equal respect and consideration regardless of their race, color, religion, national origin, gender or economic background.

Volunteers should not use profanity anywhere on a YMCA facility, at a YMCA function or in front of children, families, visitors or other volunteers.

I have read and agree to comply with the Volunteer Code of Ethics and Rules. I fully understand that if I am in violation of the Volunteer Code of Ethics and Rules, I am subject to immediate removal as a volunteer at the sole discretion of the YMCA. As a condition of volunteering, ***I give permission for The Rockland YMCA and its assigned agencies to conduct a background check on me, which may include a review of criminal records maintained by government agencies.*** I understand that my position is dependent upon receiving no inappropriate information on my background check. The facts set forth in my application are true and complete. I understand that if engaged, false statements on this application will be considered sufficient cause for dismissal. I agree to assume any risk and hold the Rockland YMCA and staff harmless from any and all claims, suits, losses or related causes of action for damages.

I also understand that as long as I remain a volunteer, the YMCA may repeat this criminal history records check at any time, and I authorize the YMCA to repeat this criminal history check at their sole discretion.

Signature: _____

Date: _____

Parent or Guardian Name (if under 18): _____

Please complete and return this form to:

Tom Mahoney
Rockland County YMCA

35 South Broadway
Nyack, NY 10960
(845) 358 0245

**PRE-EMPLOYMENT AND CONTINUED EMPLOYMENT/ VOLUNTEER DISCLOSURE
AUTHORIZATION AND RELEASE**

I have applied for Employment/Volunteer Service or I am currently an Employee/Volunteer with the **Rockland County YMCA** (the "Employer/Organization"). I understand that in connection with my application for Employment/Volunteer Service, or for Continued Employment/Volunteer Service, IntelliCorp Records Inc, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History (collectively, the "Information"). However, unless my position involves handling money or having access to monies and /or other transferable monetary instruments, my Credit History will not be checked.

I understand that Employer/Organization may rely on any part or all of the Information in determining whether to extend an offer of Employment/Volunteer Service to me, or in determining my eligibility for Continued Employment/Volunteer Service. I further understand that if any adverse action is taken by Employer/Organization, or if Employer/Organization chooses not to extend an offer of Employment/Volunteer Service to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check is being performed by Investigators as part of the process to evaluate me prior to Employment/Volunteer Service or for Continued Employment/Volunteer Service, and is not conducted for any purpose other than in connection with my Application for Employment/Volunteer Service or determining my eligibility for Continued Employment/Volunteer Service.

I have read this Pre-Employment and Continued Employment/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for Employment/Volunteer Service or for Continued Employment/Volunteer Service. I hereby release any and all Investigators and Employer/Organization from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with Employer/Organization. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth

Former Last Names (if applicable)

Current Address:

Street City State Zip

Former Address:

Street City State Zip

**Disclosure under Fair Credit Reporting Act and the
Federal Driver's Protection Act
Consent to Procure Consumer Report for Employment
Purposes and Authorization to Obtain Motor Vehicle Report**

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance, I (name of employee) _____ authorize the **Rockland County YMCA** and/or its insurance broker, Carpezzi-Liebert Group, Inc. d/b/a CLG Insurance to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through any number of State Departments of Motor Vehicles. I understand that this information may be used for employment purposes and for use in risk management and in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. This authorization is valid as long as I am employed by the **Rockland County YMCA**.

Signature of Employee

Drivers License Number

State

Date of Birth

Street Address and Mailing Address

City

State

Zip

Date Signed _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number.