



# WOODSON YMCA VOLUNTEER APPLICATION

**NOTICE TO APPLICANTS:** We have zero tolerance for child abuse. Criminal background checks will be conducted. Incomplete applications will not be considered.

### PERSONAL INFORMATION:

Are you 18 years or older?  Yes  No

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  Male  Female

Are you able to provide references if requested?  
 Yes  No

### VOLUNTEER INTERESTS:

- Aquatics/Swim Team
- Camp Counselor
- Gymnastics
- Mini Care
- Special Events
- Health & Wellness
- The Landing
- Youth Center
- Custodial
- Coaching: \_\_\_\_\_  
(list sport)
- Garden
- Other: \_\_\_\_\_

### LOCATION PREFERENCE:

- Aspius Branch
- Wausau Branch
- Camp Sturtevant

### AVAILABILITY:

Start date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

### EMERGENCY CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMPLOYEE REFERRAL:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CONDITIONS AND RELEASE FROM LIABILITY:**

**Background Certification:** I authorize the Woodson YMCA to investigate and verify any information I have submitted. I understand that a background check is required for all volunteers and that a criminal conviction does not automatically disqualify me as a volunteer. \_\_\_\_\_ (*initial*)

**Volunteer Terms:** I agree to follow the Woodson YMCA’s policies and Code of Conduct – including the Child Abuse Prevention Code of Conduct. **I also understand the Woodson YMCA does not offer any benefits, compensation, discounts, or trade membership.** \_\_\_\_\_ (*initial*)

**Photograph Permission:** I give the Woodson YMCA permission to use, without limitation or obligation, photographs or other media to promote YMCA programs. \_\_\_\_\_ (*initial*)

**Property Loss:** I understand that the Woodson YMCA is not responsible for my personal property lost, damaged, or stolen while participating in volunteer activities. \_\_\_\_\_ (*initial*)

**Medical Treatment:** I give permission for Woodson YMCA staff 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 by a physician if I am unable to act on my own behalf. I further understand the Woodson YMCA is not responsible for payment of such medical treatment. \_\_\_\_\_ (*initial*)

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release the Woodson YMCA from all liability based on any damage, loss, or injury caused to me from participation as a volunteer. \_\_\_\_\_ (*initial*)

**I have read the above statements and accept the conditions of volunteering for the Woodson YMCA:**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE:**

**Application Received:** \_\_\_\_\_

**Background Check Completed:** \_\_\_\_\_

**Copy Given:** \_\_\_\_\_

(director’s name)