



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
- 55+ Activities
- Youth Center
- Custodial
- Coaching: _____
(list sport)
- Garden
- Other: _____

LOCATION PREFERENCE:

- Aspirus Branch
- Wausau Branch
- The Landing
- 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:** _____

OFFICE USE:

Application Received: _____

Background Check Completed: _____

Copy Given: _____

(director’s name)