



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER APPLICATION

If the YMCA of Madison County accepts my volunteer service, I will comply with all policies set forth by the YMCA and with other policies established from time to time by the organization. I understand that inquiries may be made concerning my background. 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.

I understand that it is this YMCA's policy to secure conviction-only criminal history information as a part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. I understand that the YMCA of Madison County does not condone child abusers and that the YMCA of Madison County will be seeking information in my background related to child abuse.

Name: Last	First	Middle
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Names previously used/name before marriage

Birthday	Race	Sex
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Social security number	Driver's 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 for volunteer service or, after my service begins, may be cause for dismissal.

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 also understand that the YMCA strongly discourages any fraternization outside of YMCA programs between volunteer's and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer's and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to discontinue 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 voluntarily sign this application.

Signature of applicant

Date

Signature of parent or guardian if applicant is under 18

Date