



FOR YOUTH DEVELOPMENT -
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION METROPOLITAN YMCAs OF MS

Office Use Only:

Clinton

Grants

Flowood

Reservoir

Metro

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the communities we serve across Mississippi. At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA. Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact the program director or branch director at the YMCA in which you wish to volunteer.

SECTION 1: GENERAL INFORMATION

Name:

(Last) (First) (Middle)

Address:

City: _____ State: _____ Zip: _____

Phone: Day _____ Evening: _____ Cell: _____

Email Address: _____

How long have you been at this address? _____

Are you 18 years of age or over? Yes No (If no, please have your parent or guardian sign the application, too.)

Have you been convicted of any violation of federal, state, county or municipal law in the past 5 years? Yes No

Conviction will not necessarily disqualify an applicant from volunteering. If YES, please explain: _____

PLEASE INCLUDE A LEGIBLE COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED ID WITH YOUR APPLICATION

Emergency Contact Information: Who should we call in the event that you have an emergency at the Y?

Name: _____

Address: _____

City: _____

Phone: Day _____ Evening _____

Are you a member of the YMCA? Yes No (Membership is not required)

Reference Contact Information: Please provide at least three references (at least 2 of which are personal/family references). The Y may contact your references to determine suitability for volunteering at the Y based on the type/duration of volunteer service in which you have applied.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

YMCA STAFF: PLEASE MAKE PHGTOCOPY OF SIGNED VOLUNTEER CODE OF CONDUCT FOR VOLUNTEER



Requesting YMCA:

VOLUNTEER BACKGROUND RECORD REQUEST

FULL NAME: _____

SOCIAL SECURITY NUMBER: ____-____-____ BIRTH DATE _____

ADDRESS: _____
CITY _____ STATE _____ ZIP _____

DRIVERS LICENSE # _____ STATE _____

CRIMINAL BACKGROUND REPORT

I hereby acknowledge that Metropolitan YMCAs of Mississippi (Metro YMCA) may require that volunteers submit to a criminal background check. I further acknowledge that submission to such checks is a term and condition of volunteering. I hereby authorize any law enforcement agency to release any information concerning criminal convictions to the Metropolitan YMCAs of Mississippi; and I hereby release, acquit and agree to hold harmless from any and all resulting liability and covenant not to sue this law enforcement agency in connection with releasing such information.

VOLUNTEER REFERENCES

I hereby voluntarily consent to allow Metropolitan YMCAs of Mississippi to check my references by contacting any person who they deem to be an appropriate reference and by asking any questions that they consider relevant to their decision to use me as a volunteer. I hereby release the addressed individual, company or institution, including Metro YMCA, from all liability for any damage whatsoever incurred in furnishing such information. A copy of this authorization shall be effective and valid as the original.

I have read the above statements and authorize Metropolitan YMCAs of Mississippi to obtain any of the background information listed above, as they deem necessary to evaluate my suitability for volunteering at the Y.

Applicants Signature _____

Date of Application _____



**YMCA of Metropolitan Jackson
Confidentiality Agreement – Volunteers and Staff**

Non Disclosure of Information

From time to time YMCA volunteers and staff may attend meetings or engage in other activities where confidential or sensitive information may be discussed or presented in writing. This Confidentiality Agreement establishes an agreement between the above mentioned parties, that any sensitive or confidential information discussed, heard or transcribed will not be released, discussed or shared in any manner with any individual within or outside of YMCA boards, volunteer committees or staff, except on a "need to know" basis.

Confidential information means any information or material that is proprietary to or that is not generally known outside of the YMCA. Confidential information includes but is not limited to: business plans; personal information; donor and prospective donor information; scholarship or grant applicant information; internal discussions and other information that may be deemed proprietary or sensitive.

No copying or modifying of confidential information is allowed and the undersigned shall not disclose any confidential or sensitive information to any person without the prior consent of the Chairperson of the Board of Directors or the President/CEO.

Agreed to by:

Print Name _____

Signature _____ Date _____

