



YMCA of Barry County

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION FORM

Personal Information (please print)

Legal Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Hm. # _____ Wk. # _____ Cell # _____

Email Address: _____

Date of Birth (Required for background check) _____ Male Female

Are you 18 years of age or older? Yes ___ No ___

If under 18, Parent/Guardian Name(s): _____ Ph# _____

If 18 or under, are you currently a student? Check one: Middle School ___ High School ___ College ___

Volunteer Interests (circle all the apply):

Summer Camp Coaching Y Mentors Swimming Youth Sports Ref/umpire Fund Raising
Maintenance Office Work Committee Board Member

Other: _____

List your volunteer experience, special skills, and training courses: _____

____I hereby authorize the YMCA of Barry County to investigate any and all statements contained in this application for volunteer service. In addition, I specifically authorize the listed prior employers, supervisors, and personal references to furnish all pertinent information they may have, regarding my previous performance and personal character to the YMCA of Barry County. I hereby release all parties from any liability for damages that may result from furnishing such information to the YMCA of Barry County.

____I understand that the YMCA of Barry County will obtain a background Criminal Record Check. Any employment/ service offer is conditional until such time as the results of my background check are complete and approved by the Executive Director. I hereby give the YMCA of Barry County permission to obtain a background check of my record.

____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 terminate my volunteer service at any time without liability or obligation.

____I give the YMCA of Barry County to use photos, video, or other media record of applicant.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected, falsified statements on this application shall be grounds for dismissal.

Applicant Signature: _____ Date: _____

Signature of Parent/Guardian (if under 18) _____ Date: _____

Return to YMCA of Barry County, 2055 Iroquois Trail, P.O. Box 252, Hastings, MI 49058