WALLA WALLA YMCA

VOLUNTEER APPLICATION

Walla Walla Y / Volunteer Services
340 S Park St Walla Walla, WA 99362
Phone: (509) 525-8863
Email: jcollins@wwymca.org
Website: www.wwymca.org

Thank you for your interest in the Walla Walla Y Volunteer Program. Your talents and commitment to our mission help make the Y programs a success!

PERSONAL DATA

Name_____

Address_____

City_____ State_____ Zip_____

E-Mail_____ Phone_____

Are you at least 16 years of age? (this is a volunteer requirement) _____Yes _____No

Emergency Contact Person_____ Emergency Contact #_____

Referred by_____ Are they a Y employee? _____

AREAS OF INTEREST

___Fundraising ___Youth Sports ___Exercise Classes ___Youth Activities

____Special Events ___Aquatics ___Kids Corner ___Maintenance

___Membership Services ___Health & Wellness Center ___Other_____

AVAILABILITY

_____Monday Time_____ _____Thursday Time_____

_____Tuesday Time_____ _____Friday Time_____

_____Wednesday Time _____ _____Saturday Time_____

COMMUNITY SERVICE

DO you need to complete court ordered community service hours? _____Yes _____No

If yes, what was the offense? _____

Number of hours needed? _____ Deadline to complete hours _____

Parole/Probation Officer's Name _____ Phone _____

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Work History:

Dates of Employment (most recent first)	Company Name and Address	Supervisor Name and Phone #	Position Held	Reason for Leaving
Start ___/___/___ End ___/___/___				
Start ___/___/___ End ___/___/___				
Start ___/___/___ End___/___/___				

Education History:

School Name	City & State	Type of School	Name of Program or Degree	Program completed?

Volunteer History:

Organization	Duties	Dates	Contact Person	Phone #

References: **Please provide 2 professional & 1 personal.**

1. Name_____ Phone_____ Relation_____
2. Name_____ Phone_____ Relation_____
3. Name_____ Phone_____ Relation_____

I hereby authorize all corporations, companies, schools, government agencies, persons, military services and former employers to release information they may have about me to the Walla Walla Y or its agents and employees, and release all corporations, companies, schools, government agencies, persons, military services, and former employers from any liability or responsibility from doing so. I understand that this reference check will include, but not be limited to, verification of all information given by me to the Y. I understand that such information may include information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

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I certify that the information provided in this application is true and correct and agree that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed.

Signature of Applicant_____**Date**_____

Y Mission / Conditions of Volunteer Participation / Release from Liability

Y MISSION:
The Walla Walla Y is dedicated to the values of caring, honesty, respect, and responsibility and committed to building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body. Our programs and services emphasize youth development, healthy living and social responsibility.

VOLUNTEER TERMS:
I agree to abide by the Y's policies, procedures as outlined in the Employee Handbook, including, but not limited to, the Code of Conduct, dress standards and social media. I understand that the Y does not provide health benefits (i.e. medical, dental, worker's compensation, etc.) or any accident insurance for me as a volunteer. I understand it is my responsibility to provide this coverage. I understand and agree that if I am volunteering, there is no contract period and my volunteer service will be solely "at will", giving either me or the Y the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Walla Walla Y does not provide volunteer compensation for any requested volunteer services which I provide, or trade services for membership or program fees (unless agreed upon in writing by HR).

ABUSE PREVENTION:
I understand that the Y will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if selected as a Y volunteer, at all times I am to avoid being alone with a single child where I cannot be observed by other staff or adults. Further I authorize the Y to complete a background check and understand that this must be clear before I may be engaged as a volunteer for any program at the Y.

PROPERTY LOSS:
I understand the Y is not responsible for my personal property lost, damaged or stolen while participating in Y volunteer activities.

MEDICAL TREATMENT:
I give permission for Y representatives 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 or advisable by a physician if I am unable to act on my own behalf. I further understand that the Y is not responsible for payment for such medical treatment.

PHOTOGRAPHY PERMISSION:
I give permission for the Y to use, without limitation or obligation, photographs or other media that may include my image or voice to promote Y programs.

RELEASE FROM LIABILITY:
I understand that accidents may occur during my volunteer activities. By signing below, I release the Y, its agents, directors, consultants, and employees from all liabilities based on any damage, loss, or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

I hereby acknowledge that I have read and understand the above statement and that I voluntarily signed this application.

Signature of Applicant _____**Date**_____

Parent/Guardian Signature (if applicant is under 18)_____**Date**_____

IMPORTANT THINGS TO KNOW

Before Volunteering at the Walla Walla YMCA:

- Must be at least 16 years of age
- Must submit a completed Volunteer Application
- Must pass the required Background Check Clearance
- Must have all Reference Checks completed & reviewed
- Must complete Online Trainings prior to starting on-site
- If you are under the age of 18…a parent/legal guardian must sign the acknowledgement.
- Be on time for all volunteer shifts. If unable to attend your scheduled shift, please provide at least a 24-hour notice or as much advance notice as a professional courtesy.

RETURNING APPLICATION

Mail, email or deliver completed application to the following location:

YMCA
Attn: HR Dept
340 S Park St
Walla Walla, WA 99362
Email: jcollins@wwymca.org

Any questions, call (509) 525-8863

Thank You