



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Volunteer Application

### *Personal Information*

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

How long have you been at this address?

### *Emergency Contact*

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

### *Required information for Criminal Background Check*

Date of Birth:

Drivers License # \_\_\_\_\_ Alternate Photo ID \_\_\_\_\_

SSN: \_\_\_\_\_

Have you ever been convicted of a criminal offense?  Yes  No If so, please explain:

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Golden State YMCA  
YMCA Camp Sequoia Lake  
320 N. Akers Street, Visalia, CA 93921  
P 559 624 1110. [www.ymcacampsequoialake.org](http://www.ymcacampsequoialake.org)



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### *References*

1. Please list your last employer:

Name of organization \_\_\_\_\_

Employed from when to when? \_\_\_\_\_ (include month and year)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

State job title and describe your work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and title of immediate supervisor \_\_\_\_\_

Have you ever volunteered for other organizations? \_\_\_Yes \_\_\_No If Yes, please list below:

2. Volunteer History:

Name of Organization: \_\_\_\_\_ Volunteer Position:  
\_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Volunteer Position:  
\_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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## Volunteer Acknowledgment

**Background Screen:** I understand the Golden State YMCA makes every effort to prevent child abuse and thus requires that all volunteers to provide information for a criminal background check two weeks prior to service.

**Supervision:** I agree to follow the supervision and direction of any supervisor or manager to whom I have been assigned to perform services, and to participate in any training required in order to perform the voluntary services.

**Training:** I understand that I am required to complete the Golden State YMCA training prior to my volunteer service. The training includes Child Abuse Prevention, Emergency Procedures, Reporting procedures and the Code of Conduct.

**Non-Employee:** I agree that I am not considered to be an employee of YMCA or any of its affiliates or subsidiaries for any purpose, unless expressly required by law, while performing the above-described voluntary services.

**Liability for Injuries and Damages:** I understand that if I am responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties, that I may be held personally liable for any monetary damages a court may award to the injured party.

**Limited Liability Coverage and No Employment Benefits:** I understand YMCA provides limited accidental liability coverage to volunteers, and I am not eligible for workers' compensation benefits; no other employee medical, retirement, or insurance plans apply to my volunteer service.

**YMCA Policies:** I understand and acknowledge that I must abide by the YMCA's Code of Conduct and understand that copies of these policies are located in both the Visalia and Lake office, and further agree to familiarize myself with them.

**Agreement to Follow Rules:** I understand and acknowledge that I must abide by all other applicable rules regarding conduct, confidentiality, safety, and welfare.

**Record keeping:** I understand and agree to accurately record and report my volunteer service hours as requested by my assigned supervisor.

**At-Will Service:** Finally, I understand YMCA or I may end my volunteer services at any time.

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I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

I understand that information concerning my past record may be sought from employers, references and organizations I may have volunteered for and I hereby release from all liability or damage those individuals, organizations, or corporations who provide such information.

**ACKNOWLEDGEMENT**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the individuals or organizations named in this application to provide the YMCA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such individuals or organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of material fact on this application may be justified as for refusal for placement. I have read the above acknowledgements and this statement and accept the same as a condition of my placement with the YMCA. I, the undersigned, do hereby authorize the Golden State YMCA to take photographs, videos, motion pictures and/or sound recordings of me. I further grant the Golden State YMCA permission to use the photographs, videos, motion pictures and/or sound recordings in its general publicity and campaign materials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date