



Volunteer Application

TWIN RIVERS YMCA

Please indicate your areas of interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Greeters | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Annual Campaign | <input type="checkbox"/> Special Events | <input type="checkbox"/> Wellness/Fitness |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Tutor/Mentor | <input type="checkbox"/> Other: _____ |

Name: _____ **Date of Birth:** _____

Address: _____ **City, State, Zip:** _____

Email: _____ **Phone Number:** _____

Driver's License Number _____ **State** _____

Gender _____ **Ethnicity** _____

Have you ever volunteered at the YMCA before? Yes No

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No

Why are you interested in volunteering with the YMCA?

Are you required to volunteer? Yes No If yes, how many hours are needed? _____ Deadline: _____

Name of school/agency/government body requiring community service: _____

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that when I attend any TWIN RIVERS YMCA facilities or program, I do so at my own risk. I release the YMCA, its staff, directors, officers, and agents from all liability for any injury, or damage connected in any way whatsoever to participation in YMCA activities, whether on or off YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, members, agents, representatives or guests. I authorize the staff of the Twin Rivers YMCA, or appropriate medical personnel, to administer emergency medical treatment to my child or myself. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore I agree and grant permission to the TWIN RIVERS YMCA to use photographs of my child or myself in YMCA brochures, flyers, photo collections and other marketing initiatives. I have read, understand and voluntarily sign this agreement.

Signature of Applicant: _____ Date: _____

Parent Signature (if applicant is under 18): _____ Date: _____