



Treasure Valley Family YMCA Volunteer Interest Form

Thank you for your interest in the Treasure Valley Family YMCA Volunteer Program. Your talents and commitments to our mission are what make the YMCA a great place to be.

PERSONAL:

Name: _____ Date: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alternate Phone: _____ E-mail: _____
In case of emergency contact: _____ Phone: _____
Referred by: _____ is he/she a YMCA employee Yes No

LOCATION: Downtown West Caldwell Child Development Youth Development Homecourt
AREAS OF INTEREST: Health and Fitness Youth Child Watch Aquatics Housekeeping Administration
 Membership Youth Sports Other/Specific Program/Sport _____
Are you 21 or older Yes No If no: birth date: _____ Are you a YMCA member Yes No
Can you perform the essential function of the position you are applying for? Yes No
Have you been convicted of or pled guilty to any criminal offence (other than a juvenile offence now expunged from you record) or released from prison in the past ten years?
 Yes No If **YES** please attach a full description.

STUDENT VOLUNTEERS:

Are you looking to fulfill a school requirement or will you receive school credit for your services? Yes No
If YES, Name of school _____ Number of hours needed _____ Deadline to complete hours: _____

COMMUNITY SERVICE:

Are you looking to complete Court Ordered Community Service Hours? Yes No
If YES, offence _____ Number of hours needed _____ Deadline to complete hours: _____
Parole/Probation Officer's name: _____ Phone: _____

BACKGROUND:

Current/most recent employer: _____ Locations: _____
Positions: _____ How Long? _____
Current/most recently attended school: _____ Location: _____
Current year in school/highest level completed: _____ Date completed or graduation date _____
Other relative background, training or volunteer experience:

Certifications held (include dates of expiration):

REFERENCES:

Please provide three personal references, no more than one may be a relative/household member:
1. Name: _____ Phone: _____ Relationship to you: _____
2. Name: _____ Phone: _____ Relationship to you: _____
3. Name: _____ Phone: _____ Relationship to you: _____

AVAILABILITY:

Sunday Yes No If YES time: _____ Thursday Yes No If YES time: _____
Monday Yes No If YES time: _____ Friday Yes No If YES time: _____
Tuesday Yes No If YES time: _____ Saturday Yes No If YES time: _____
Wednesday Yes No If YES time: _____

For Office Use Only

Background check request date _____ HR BG check request received _____
Background check requested by _____ HR BG check request completed _____

Conditions of Volunteer Participation and Release from Liability

The Treasure Valley Family YMCA mission is: Welcoming all people and providing an atmosphere to enrich spirit, mind and body. We are dedicated to the values of caring, honesty, respect, and responsibility. Our programs enhance individual health and well being, strengthen personal and family relationships and develop leadership skills. We build strong kids, strong families, strong communities. As a volunteer I will cooperate in the fulfillment of this mission.

Background Certification: I clarify that all of the information I have provided is true and complete. I authorize the Treasure Valley Family YMCA to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe, caring environment, I have been advised that as a part of the application process for volunteering with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health. I fully consent to and authorize all such inquiries. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Treasure Valley Family YMCA does not condone child abusers and that the Treasure Valley Family YMCA will be seeking information in my background related to child abuse.

Name (last, first, middle) _____
Maiden name or names previously used _____
Birth Date _____ Social Security # _____ - _____ - _____ Driver's License # _____

Volunteer Terms: I agree to abide by the YMCA's policies, procedures, and Code of Conduct. I understand the YMCA does not provide any 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 "employment at will", giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Treasure Valley Family YMCA does not provide volunteer compensation for any requested volunteer services which I provide, or trade volunteer services for membership or program fees.

Abuse Prevention: I understand that the YMCA 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 YMCA volunteer, at all possible times I am to avoid being alone with a single child where I cannot be observed by other staff or adults.

Property Loss: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

Medical Treatment: I give permission for YMCA 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 YMCA is not responsible for payment for such medical treatment.

Photography Permission: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, 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 or Guardian's: _____ Date: _____
(If applicant is under 18)

**Mail or return completed applications to one of the following locations,
or e-mail to the Volunteer Representative at the location of your choice listed below:**

Downtown Family YMCA
Attn: Janet McClenahan
1050 W. State St.
Boise, ID 83702
janet.mcclenahan@ymcatvidaho.org

West Family YMCA
Attn: Alene Risher
5959 W. Discovery Way
Boise, ID 83713
alene.risher@ymcatvidaho.org

Caldwell Family YMCA
Attn: Shiloah Wilson
3720 S. Indiana Avenue
Caldwell, ID 83605
shiloah.wilson@ymcatvidaho.org

Child Development
Attn: Lilah Killian
5959 W. Discovery Way
Boise, ID 83713
lilah.killian@ymcatvidaho.org

Youth Development
Attn: Carrie Magnuson
936 West Taylor, Suite 104
Meridian, ID 83642
carrie.magnuson@ymcatvidaho.org



**Your interest in volunteering at The Treasure Valley
Family YMCA is greatly appreciated!**

Please remove and keep this information sheet for your reference.

Things to know about volunteering at the Treasure Valley Family YMCA:

- A Volunteer Interest Form is **required** before volunteering. (Please make sure it is filled out **completely**.)
- All volunteers must be at least **14 years of age**, **unless** previous arrangements have been made with a specific department.
- If the volunteer is under the age of **18**, a parent or legal guardian must sign the back page of the Volunteer Interest Form in order for it to be accepted.
- Please allow the YMCA five to seven business days to process your Volunteer Interest Form and respond with possible volunteering opportunities.
- Volunteers are responsible for getting themselves to and from their volunteer location.
- Volunteers are required to “key” in at the Courtesy Desk when entering the facility.
- Volunteers will be required to fill out a Volunteer Timesheet and turn it into the Human Resource Department on the last day of every month or on last day you volunteer for the month.
- If unable to volunteer during a scheduled time, volunteers should provide the YMCA with a 24-hour notice or as much as possible.
- **In the spirit of true volunteerism, The YMCA does not provide volunteer compensation or trade volunteer services for membership or program fees.**

- If for any reason you need additional assistance please contact the Volunteer Representative at the Branch you are interested in volunteering at or currently volunteering at:

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936 West Taylor, Suite 104
Meridian, ID 83642
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If you need further assistance please contact Nina Chambers at 344-5501.