



VOLUNTEER APPLICATION

All volunteers are required to complete a Disclosure Statement/Verification of Residency and Volunteer Acknowledgement/Waiver, as well as the following clearances:

- Criminal Background Clearance: <https://epatch.state.pa.us> (Free for volunteers)
- Child Abuse Clearance: <https://www.compass.state.pa.us/cwis> (Free for volunteers)
- Volunteers (indicated below **) who work directly with children without parents or staff present will be required to provide an FBI Fingerprint clearance *if they haven't lived in the state of Pennsylvania for the past 10 consecutive years.* <https://www.pa.cogentid.com> (\$23)

Thank you for supporting the Y in our efforts to keep our children safe.

Name: _____
Last First MI

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of employment: _____

Supervisor's Name: _____

May we contact your employer for a reference? ___ Yes ___ No

If yes, please provide a contact number: _____

Why do you want to volunteer for the Lancaster Family YMCA?

At which Branch(es) are you interested in volunteering?

___ City Center Y ___ Lampeter-Strasburg Y ___ Y at New Holland ___ Camp Shand ___ Assoc. Office

In which departments/areas are you interested in volunteering?

___ Aquatics/Swim Team/Swim Lessons**	___ Health & Wellness/Fitness
___ Members/Welcome Desk**	___ Facilities/Maintenance
___ Child Watch in branches**	___ Adult Sports Referee
___ Youth Sports Coach/Ref**	___ Special Events
___ Family Services (School Age/Pre K)**	___ Office/Administration
___ Summer Camps**	___ Board/Policy committee
___ Other _____	___ Other _____

Please list any other agencies you have volunteered with or are currently involved as a volunteer:

Agency:

City:

State:

Position:

Dates:

Supervisor:

Supervisor Contact:

Agency:

City:

State:

Position:

Dates:

Supervisor:

Supervisor Contact:

May we contact these agencies for reference? ___ Yes ___ No

When are you available to begin volunteering? _____

Please indicate the times you are available to volunteer (be as specific as possible).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have required volunteer hours to complete? (high school, college, community service)

___ Yes ___ No If yes, how many hours? _____

When is your deadline for completion? _____

Please provide your supervisor/teacher/mentor contact information:

Name: _____ School or Agency: _____

Phone Number: _____ Email Address: _____

List any documents or forms that the YMCA will need to complete as part of your required hours:

Please list three personal references over 18 years of age and not a relative:

	<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

By signing below I certify that all information I have supplied is true and correct. I give permission for the Lancaster Family YMCA to run a Megan's Law check and I understand that I must submit to appropriate clearances prior to beginning my service.

Applicant Printed Name

Applicant Signature

Date

OFFICE USE ONLY

Hiring Director

Interview conducted on: _____. I would like to have this person volunteer in the role of _____ during the following times _____.

I have completed and attached the required references for this volunteer.

Director's Signature

Date

Human Resources

Volunteer is scheduled to meet with HR to process the following required documents on _____.

Disclosure Statement _____ Volunteer Waiver _____ Megan's Law Check _____ Child Abuse Results _____

Criminal History Record _____ FBI Fingerprint Record (if applicable) _____

Cleared to start Volunteering/Human Resource Signature

Date