



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The YMCA of Southern Indiana believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.

PLEASE PRINT

First Name: _____ Last Name: _____

Date of Birth: _____ E-mail: _____

Address: _____ Home Phone: _____

City: _____ Work Phone: _____

State: _____ Zip Code: _____ Cell Phone: _____

Best time to contact you: _____

Drivers License # _____ Social Security # _____

Marital Status? Married Single

How many children do you have, if any? _____

What is your occupation? (please be specific)

Please check which description(s) fits your current status:

- Employed full-time Student full-time
 Employed part-time Student part-time
 Retired Stay-at-home parent Other _____

Why would you like to volunteer for the YMCA?

What do you hope to gain from volunteering?

Do you have children involved in any YMCA programs? Yes No

Please check how you learned about volunteering at the YMCA of Southern Indiana.

- Member YMCA
- YMCA Staff/Volunteer
- Other: _____

In what areas of the YMCA would you like to volunteer? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> After School (Homework Tutor) |
| <input type="checkbox"/> Administration (filing, scanning) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Mentoring (circle one that applies): |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Aquatics, Group Exercise, Other |

Please circle the time(s) you are available to volunteer.

Note: Morning (open-12:00pm) Afternoon (12:00-6:00pm) Evening (6:00pm-close)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening

PLEASE NOTE: Please note that due to the specialized nature of some YMCA volunteer positions, specific eligibility criteria will be applicable.

Current or Past Volunteer Experience/Training, Certification and/or Education (related or other):

References: (Minimum 2)

Name:
Phone Number:
Relationship:

References (continued)

Name:
Phone Number:
Relationship:

Name:
Phone Number:
Relationship:

CONSENT TO COLLECTION AND DISCLOSURE

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with the YMCA of Southern Indiana. I also understand that as long as I remain a volunteer here, they may repeat this criminal history record check at any time.

I also consent to the use of any photographs which may be taken to be used by the YMCA in any local or national print or promotional production material.

Applicant's Signature

Date

Parent/Guardian Signature
(Required for volunteers under 18 years of age)

Date



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BACKGROUND CHECK RELEASE

EMPLOYEE NAME: _____
LAST FIRST MIDDLE

SEX: () MALE () FEMALE BIRTHDATE: _____

SOCIAL SECURITY #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ PHONE: _____

DRIVER'S LICENSE STATE: _____

DRIVER'S LICENSE NUMBER: _____

() I understand that the YMCA will perform a background check that may reveal any criminal history on file.

EMPLOYEE SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE
(Required for employees/volunteers under 18 years of age)

OFFICIAL USE ONLY

DATE COMPLETED: _____

CHECK COMPLETED BY: _____

NOTES: _____

****PLEASE PLACE A COPY OF THE RESULTS IN THE EMPLOYEE'S FILE****



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* PLEASE NOTE: If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain)					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input checked="" type="checkbox"/> Other (insert name of requestor) YMCA OF SOUTHERN INDIANA					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Barbara Morris			(812) 206-7891		(812) 948-8012
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
33 State Street New Albany, IN 47150				bmorris@ymcasi.org	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)	12. Gender of applicant
					<input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County		Year Began	Year Ended	County	
Example - XYZ County		02/1992	Current	18c.	
18a.				18d.	
18b.				18e.	
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? If yes, complete 19a through 19e. If no, please stop.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?			If yes, was there ever any negative action taken on the foster care application or license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
.....					
.....					
.....					
.....					
22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.					
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check		24. Title of staff member completing check		25. Date (mm/dd/yyyy)	
26. Printed name of staff member completing check		27. Indiana Department of Child Service office completing check			
		_____ County Local Office / Central Office Background Check Unit			

**YMCA OF SOUTHERN IN VOLUNTEER ACKNOWLEDGEMENT
PLEASE READ CAREFULLY BEFORE SIGNING.**

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the YMCA of Southern IN and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Indiana Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE YMCA OF SOUTHERN IN.

_____	_____	_____
Printed name of Volunteer	Signature of Volunteer	Date
Emergency Contact: _____		
Name		Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of the YMCA of Southern IN and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Indiana Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE YMCA OF SOUTHERN IN.

Both Parents/Guardians must sign:

_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date

Emergency Contact: _____	_____
Name	Telephone