



**VOLUNTEER APPLICATION**  
**FAMILY YMCA OF THE DESERT**  
 43-930 San Pablo Avenue, Palm Desert CA 92260  
 760-341-9622

**PERSONAL INFORMATION**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you 18 years or older:  Y  N Referred by: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Have you ever been convicted by any court of a crime other than a minor traffic violation:  Y  N

If yes, describe in detail: \_\_\_\_\_

**RELATED BACKGROUND**

Have you previously worked or volunteered with this or any other YMCA:  Y  N Duties: \_\_\_\_\_  
 If yes, please list all YMCA locations and dates below:

YMCA: \_\_\_\_\_ City, State: \_\_\_\_\_ Dates: \_\_\_\_\_

YMCA: \_\_\_\_\_ City, State: \_\_\_\_\_ Dates: \_\_\_\_\_

Current/most recent employer: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_ Dates: \_\_\_\_\_

Current/most recent school attended : \_\_\_\_\_ Location: \_\_\_\_\_

Highest level completed: \_\_\_\_\_ Subject area(s): \_\_\_\_\_ Completion date: \_\_\_\_\_

Other relevant background or experience: \_\_\_\_\_

**AREAS OF INTEREST**

- |                               |                   |                      |
|-------------------------------|-------------------|----------------------|
| _____ Youth Sports/Coaching   | _____ Day Camps   | _____ Preschool Aide |
| _____ After School Child Care | _____ Fitness     | _____ Fundraising    |
| _____ Resident Camp           | _____ Clerical    | _____ Marketing      |
| _____ Special Events          | _____ Photography |                      |

Other \_\_\_\_\_

**REFERENCES**

For the safety of our participants, staff and volunteers, we complete at least two (2) reference checks on every volunteer. Appropriate references may include supervisors, co-workers, faith leaders, teacher or school counselors. Please do not list relatives/household members.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that all of the information provided on this Volunteer Application is true and complete. I authorize the Family YMCA of the Desert to investigate and verify all of the information I have submitted. I understand that to insure the safety of every YMCA member, all YMCA volunteers, who are 18 years or older, are fingerprinted and a background check is run.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STUDENT VOLUNTEERS**

Do you need to receive school credit for your service:  Y  N If yes why: \_\_\_\_\_

Name of school: \_\_\_\_\_ Hours needed: \_\_\_\_\_ Completion deadline: \_\_\_\_\_

**COMMUNITY SERVICE VOLUNTEERS**

Are you looking to complete Court Ordered Service Hours:  Y  N Hours needed: \_\_\_\_\_

If yes, offense: \_\_\_\_\_ Completion deadline: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Officer's Phone: \_\_\_\_\_

**FOR YMCA STAFF USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Assigned: \_\_\_\_\_ Supervisor: \_\_\_\_\_

- |                                       |                              |                          |
|---------------------------------------|------------------------------|--------------------------|
| _____ Fingerprint Clearance           | _____ Release From Liability | _____ Volunteer Handbook |
| _____ Child Abuse Prevention Training | _____ Child Abuse Form       | _____ Safety Training    |
| _____ Reference Check 1               | _____ Reference Check 2      | _____ Reference Check 3  |

**FAMILY YMCA OF THE DESERT  
CONDITIONS OF VOLUNTEER PARTICIPATION  
AND RELEASE FROM LIABILITY**

The mission of the Family YMCA is - - To put Judeo Christian Principles into practice through Programs that build healthy body, mind and spirit for all. As a volunteer, I will cooperate in the fulfillment of this mission.

**BACKGROUND CERTIFICATION:** I certify that all of the information provided on my attached Volunteer Application is true and complete. I authorize the YMCA to investigate and verify all of the information I have submitted. Because the priority of the YMCA to provide a safe environment for children and youth, I understand the YMCA may order a criminal history check, and I authorize this investigation.

**DRUG AND ALCOHOL POLICY:** The use, possession, manufacturing, sale or solicitation of controlled substances, illegal drugs or related paraphernalia on any YMCA premises, or while conducting YMCA business is strictly prohibited. As an applicant, a potential volunteer may be subject to testing when the YMCA has "reasonable suspicion" to believe that a violation of the drug-free policy has occurred. Should a volunteer be in possession, or under the influence of any illegal controlled substance, that volunteer will be subject to termination of assignment.

**VOLUNTEER TERMS:** I agree to abide by the Family YMCA of the Desert's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.). I understand it is my responsibility to provide this coverage. I understand that the Family YMCA of the Desert does not trade volunteer services for membership or program fees.

**PROPERTY LOSS:** I understand the Family YMCA of the Desert 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 emergency care for me, to arrange for transport to an emergency center for treatment, and I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf.

**PHOTOGRAPH PERMISSION:** I give permission for the YMCA of the Desert to use, without limitations or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

**RELEASE FROM LIABILITY:** I acknowledge the conditions of volunteer participation as stated above. If an applicant is under age 18, I give permission for my dependent to participate in YMCA volunteer activities. I understand that accidents can sometimes happen. In exchange for the YMCA allowing me, or my dependent, to volunteer, I hereby release the Family YMCA of the Desert, its agents, servants, and employees from all liability and ordinary negligence, including all claims for injury, illness, death, loss or damage, which may result from my, or my dependent's, participation as a volunteer.

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian, if Volunteer Applicant is under age 18**

\_\_\_\_\_  
**Date**

## **RECEIPT OF VOLUNTEER HANDBOOK**

I have received the Family YMCA of the Desert's Volunteer Handbook. I will perform my assigned duties in such a manner as to further its stated goals and purposes.

I understand that the provisions, as set forth in this document, may be altered at any time by the YMCA without prior notice.

I will read and abide by the rules of the YMCA in accordance with this statement of policy.

My signature below, and/or return to volunteering after receipt of the Volunteer Handbook, is acknowledgment and acceptance of all terms outlined in the Volunteer handbook.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian, if Applicant is under age 18**

\_\_\_\_\_  
**Date**

## **RECEIPT OF VOLUNTEER SAFETY SHEET**

I have received the Family YMCA of the Desert's Volunteer Safety Sheet.

I understand that the rules and procedures outlined in the Volunteer Safety Sheet are critical to my safety as a volunteer of the YMCA and I agree to help enforce and follow them as part of my volunteer responsibilities.

My signature below, and/or return to volunteering after receipt of the Volunteer Safety Sheet, is acknowledgement and acceptance of all terms outlined in the Volunteer Safety Sheet.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian, if Applicant is under age 18**

\_\_\_\_\_  
**Date**