



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Kearney Family YMCA

Thank you for choosing to volunteer at the Kearney YMCA! Without volunteers, we would not be able to offer many of the programs, classes, and services that we currently provide. Our growth is directly proportionate to your contributions. There are several ways in which you can volunteer at the Y. Complete the following packet to find the job that best suits you!

Note: ALL VOLUNTEERS MUST COMPLETE THE FOLLOWING APPLICATION **AND** BACKGROUND CHECK TO BE ELIGIBLE FOR SERVICE HOURS AT THE KEARNEY YMCA.

THE STATE OF NEBRASKA REQUIRES A PARENT'S SIGNATURE ON THE ATTACHED BACKGROUND CHECK TO PROCESS. INCOMPLETE APPLICATIONS WILL BE RETURNED.

VOLUNTEER

Volunteer Application

Date Received _____

Kearney Family YMCA



Volunteer Application Guidelines:

1. Complete this Application. Please use black or blue ink and write **legibly**. We need to clearly read your application.
2. Please complete each page and question. Incomplete forms cannot be processed.
3. Please sign your application. A parent's signature is **required** if you are under 19.
4. Fill out and sign the attached background check. **A parent's signature is required if you are under 19.**
5. Applications and related materials must be processed before a volunteer can begin service (*please allow 2 weeks*).

Please Complete Entire Application:

First name	Last name	Middle Initial	Are you 19 or older?	Gender
Home Telephone () -	Cell Telephone () -	Email address		Preferred Contact Method
Address (City) (State) (Zip)			Have you ever volunteered w/the Y? From _____ to _____	
Emergency Contact Name and Phone Number		Relationship to you?	What department did you volunteer with?	

Do you currently have any of the following certifications?

- | | | |
|--|---|--|
| <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Swim Instructor Certification | <input type="checkbox"/> Lifeguard Certification |
| <input type="checkbox"/> First Aid Certification | <input type="checkbox"/> Fitness Instructor Certification | <input type="checkbox"/> Other _____ |

Why would you like to volunteer at the Y?

- School Requirement
 Diversion/Probation Program
 Impact Community
 UNK Internship
 Other (Please Specify) _____

I'd be most interested in (mark all that apply):

- Ongoing volunteer work (regular commitment of 6 months to 1 year)
 Short term projects that I can accomplish in a morning, afternoon, or evening
 Projects where my whole family can participate
 Projects where I can work with a group
 Volunteering for unpaid internship

Diversion and Probation Program ONLY

Name of Diversion/Probation Officer	Contact Phone Number () -	How many hours do you need to complete?	Deadline to complete hours
Please describe your offence			
OFFICE USE ONLY			

What other organizations have you volunteered for?

Organization Name _____ Supervisor Name _____ Contact Phone Number _____

Organization Name _____ Supervisor Name _____ Contact Phone Number _____

Do you currently have any restrictions that might limit your ability to perform certain tasks (lifting, pushing, and/or standing?)

Yes No

Employment History (please list last three employers):

Employer	Supervisor Name	Phone Number	OK to Contact?
Employer	Supervisor Name	Phone Number	OK to Contact?
Employer	Supervisor Name	Phone Number	OK to Contact?

References: Please provide work, school, volunteer or personal references whom we can easily contact.

1. Name: _____ Relationship: _____ Phone: _____

Email: _____

2. Name: _____ Relationship: _____ Phone: _____

Email: _____

3. Name: _____ Relationship: _____ Phone: _____

Email: _____

Department of interest:

- Adult Sports Leagues Family Center Membership Services Swim Lessons/Swim Team
 Aquatics Field Trip Helper New Member Ambassador Tutor
 Book Buddy Grounds Keeping Photographer Youth Sports Leagues
 Cleaning Equipment Group Exercise Instructor Sport Coach/Official Other _____

Please note, some volunteer positions may require certification

Availability: Please check all that apply, or specify hours that best accommodate your schedule.

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (5am-12pm)							
Afternoon (12pm-5pm)							
Evening (5pm-10:30pm)							

Release of Liability/Participation: I am an adult age 18 or older and wish to participate in the Y's activities. In addition, if applicable, I give permission for my dependents to participate in the Y's activities. I understand that accidents can sometimes happen. Therefore, in exchange for the Y allowing me, and if applicable, my spouse and my dependents to participate in the Y's activities, I understand and expressly acknowledge that I release the Y, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Y activities whether on or off the Y's premises. I understand that this release includes any claims based on negligence, action or inaction of the Y, its employees, boards, members, volunteers or guests.

Applicant Signature or Signature of parent or legal guardian _____

Date _____



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: Kearney Family YMCA 308-237-7939

Please do not use abbreviations

Address and Phone Number: 4500 6th Avenue Kearney, NE 68845 308-237-9622

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____

(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

