



# WALLA WALLA YMCA

## VOLUNTEER APPLICATION

### **Walla Walla Y / Volunteer Services**

340 S Park St Walla Walla, WA 99362

Phone: (509) 525-8863

Email: jcollins@wwymca.org

Website: www.wwymca.org

**Thank you for your interest in the Walla Walla Y Volunteer Program. Your talents and commitment to our mission help make the Y programs a success!**

### **PERSONAL DATA**

Name \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Are they a Y employee?  Yes  No

### **AREAS OF INTEREST**

Fundraising  Youth Sports  Exercise Classes  Youth Activities

Special Events  Aquatics  Kids Corner  Maintenance

Membership Services  Health & Wellness Center  Other \_\_\_\_\_

### **AVAILABILITY**

\_\_\_\_ Monday Time \_\_\_\_\_

\_\_\_\_ Thursday Time \_\_\_\_\_

\_\_\_\_ Tuesday Time \_\_\_\_\_

\_\_\_\_ Friday Time \_\_\_\_\_

\_\_\_\_ Wednesday Time \_\_\_\_\_

\_\_\_\_ Saturday Time \_\_\_\_\_

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Are you 21 or older? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO, provide birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Are you a Y member? \_\_\_\_\_ Yes \_\_\_\_\_ No

**COMMUNITY SERVICE**

Do you need to complete court ordered community service hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the offense? \_\_\_\_\_

Number of hours needed? \_\_\_\_\_ Deadline to complete hours \_\_\_\_\_

Parole/Probation Officer's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Work History: (Current/Most Recent)**

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ How Long \_\_\_\_\_

**REFERENCES: Please provide three names of references.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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I hereby authorize all corporations, companies, schools, government agencies, persons, military services and former employers to release information they may have about me to the Walla Walla Y or its agents and employees, and release all corporations, companies, schools, government agencies, persons, military services, and former employers from any liability or responsibility from doing so. I understand that this reference check will include, but not be limited to, verification of all information given by me to the Y. I understand that such information may include information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

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*I certify that the information provided in this application is true and correct and agree that untruthful or misleading answers are cause for rejection of my application or dismissal, if employed.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Y Mission / Conditions of Volunteer Participation / Release from Liability**

**Y MISSION:**

The Walla Walla Y is dedicated to the values of caring, honesty, respect, and responsibility and committed to building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind, and body. Our programs and services emphasize youth development, healthy living and social responsibility.

**VOLUNTEER TERMS:**

I agree to abide by the Y's policies, procedures as outlined in the Employee Handbook, including, but not limited to, the Code of Conduct, dress standards and social media. I understand that the Y does not provide 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 "at will", giving either me or the Y the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Walla Walla Y does not provide volunteer compensation for any requested volunteer services which I provide, or trade services for membership or program fees (unless agreed upon in writing by HR).

**ABUSE PREVENTION:**

I understand that the Y 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 Y volunteer, at all times I am to avoid being alone with a single child where I cannot be observed by other staff or adults. Further I authorize the Y to complete a background check and understand that this must be clear before I may be engaged as a volunteer for any program at the Y.

**PROPERTY LOSS:**

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

**MEDICAL TREATMENT:**

I give permission for Y 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 Y is not responsible for payment for such medical treatment.

**PHOTOGRAPHY PERMISSION:**

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

**RELEASE FROM LIABILITY:**

I understand that accidents may occur during my volunteer activities. By signing below, I release the Y, 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.

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***I hereby acknowledge that I have read and understand the above statement and that I voluntarily signed this application.***

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(If applicant is under 18)*

# THINGS TO KNOW

## **Before Volunteering at the Walla Walla YMCA:**

- A completed volunteer application
- Volunteer must pass a background check
- All volunteers must be at least 16 years of age
- If the volunteer is under the age of 18, a parent or legal guardian must sign the back page of the Volunteer Application form in order for it to be accepted
- If unable to volunteer during a scheduled time, volunteers should provide the Y with a 24-hour notice or as much advance notice as possible
- Please be on time for all volunteer shifts

## **RETURNING APPLICATION**

Mail, email or deliver completed application to the following location:

YMCA  
Attn: HR Dept  
340 S Park St  
Walla Walla, WA 99362  
Email: [jcollins@wwymca.org](mailto:jcollins@wwymca.org)

Any questions, call (509) 525-8863

Thank you!