



YMCA of Cass and Clay Counties Volunteer Application

400 1st Avenue South
Fargo, ND 58103
701-293-9622

Mission:

The YMCA of Cass and Clay Counties is a not-for-profit community service organization dedicated to enhancing the spirit, mind and body of all persons through quality leadership, programs, services and facilities.

Date: _____

Type of Volunteering position interested in: _____

Area of interest (i.e. Child care, Youth, Camp, Fitness, Group Fitness, Active older adults, Administration, etc):

Name: _____
Last First Middle

Present Address: _____

City State Zip Code

Telephone Number: () _____ E-Mail Address: _____

Emergency Contact: _____ Phone Number: _____

Are you at least 18 years of age? ____ Yes ____ No.

If No, do you have parental consent to volunteer with the YMCA? ____ Yes ____ No.

Have you previously been employed or volunteered at the YMCA of Cass and Clay Counties? ____ Yes ____ No

(If yes, give dates and position) _____

Have you ever been employed or attended school under another name? ____ Yes ____ No

(If yes, list previous name/s) _____

Have you ever been convicted of a crime – including Misdemeanors and Traffic Violations ? ____ Yes ____ No

(If yes, please provide date and conviction information. Disclosure will not necessarily disqualify you from internship or volunteer opportunity) _____

Availability to Volunteer:

Dates available to start volunteering _____

Date your service must be completed _____

Amount of hours would you like to serve _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
TO							

Comments: _____

Education:

	Name & Address	Major or Degree	Highest Grade Completed	Currently Enrolled? (Yes or No)	Graduated? (Yes or No)
Junior High School City/State:		N/A			
High School: City/State:		N/A			
College: City/State:					
Vocational: City/State:					
Other: City/State:					

Please describe any special skills/knowledge/certifications that you possess that is relevant to this position that you would like us to consider:

VOLUNTEER INFORMATION:

What are your objectives for Volunteering with a program?

What kind of work would you like to do while volunteering?

Please list the names and phone numbers of three individuals who have knowledge of your character, experience and ability.

1. Name: _____ Phone Number: () _____

How long have you known this person? _____

How does this person know you? _____

2. Name: _____ Phone Number: () _____

How long have you known this person? _____

How does this person know you? _____

3. Name: _____ Phone Number: () _____

How long have you known this person? _____

How does this person know you? _____

If you have any question please feel free to contact the volunteer program assistant at
701- 293-9622 ext 178.

Thank you for your interest in our organization!

VOLUNTEER STATEMENT

YMCA of Cass and Clay Counties Confidentiality Statement

As a Volunteer in the YMCA of Cass and Clay Counties community, I understand the YMCA commitment to protecting the confidentiality of membership information, parent/child information, scholarship information, program participant information, information from management information systems, confidential conversations, and any sensitive material obtained as a result of performing any services. In addition to the above information, sensitive information may include but is not limited to organizational information such as financial status and budgets and personal issues discussed in confidence, or childcare issues regarding home life status of children or parents. I understand that access to or discussion of this type of information must be confined to task related purposes and must be conducted in appropriate areas where privacy can be maintained.

I am to inform the volunteer coordinator or staff supervisor about any changes in my volunteer status so that information can be kept accurate.

I understand that looking at my own record or the record of others is expressly prohibited.

Any security violation, unauthorized access and information obtained therein, misuse or breach of confidentiality with respect to confidential information, may result in the termination of my volunteer status with my relationship to the YMCA.

See policies on "Confidentiality and Resignation/Termination of Volunteer Status". I have read and understood these policies and the consequences I may face upon any inappropriate access to or release of confidential information.

Terms of Service Agreement

Volunteers agree to:

- I. Comply with all rules and regulations of the agency and will be responsible for any and all expenses associated with the duties of a volunteer unless otherwise stipulated herein.
- II. Not expect any compensation from the YMCA of Cass and Clay Counties for work performed.
- III. Provide their own medical insurance or be willing to cover the costs of injuries or illness requiring medical intervention, if any were to occur, during any period of volunteering.
- IV. Not hold the YMCA of Cass and Clay Counties responsible for worker's compensation insurance or any other type of insurance coverage unless specifically informed that their specific volunteer service is covered under a workers compensation type agreement.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT (if under age 18)

DATE