

Rochester Area Family **MARATHON** Volunteer Application



PERSONAL (please give your FULL, LEGAL name)

Last Name _____ First Name _____ Middle Initial _____			Home Phone: () _____ day _____ evening	
I prefer to be called:			Alternate Phone: () _____ work _____ cell _____ other	
Street Address:			Email Address:	
City, State, Zip:			Best time to reach you:	
Y Member? Yes _____ No _____ (Y membership is not required to volunteer.)			I prefer ___home phone ___alt. phone ___e-mail contact.	
Birth date:			Driver's License #:	
Emergency Contact Name:		Relationship:		Phone number:
(Please list someone OUTSIDE your home – in the event of an emergency, we would automatically contact your home first, then this backup contact.)				
Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years? Yes _____ No _____ If Yes, describe in full:				

Conditions of Volunteer Participation and Release from Liability

The Rochester Area Family Y's mission is: Building a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Rochester Area Family Y ("YMCA") to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation.

Volunteer Terms: I agree to abide by the Y's policies, procedures and Code of Conduct. I understand the Y does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the Rochester Area Family Y does not provide volunteer compensation or trade volunteer services for membership or program fees.

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.

Photograph 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 or interpret 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 liability 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.

Volunteer Applicant Signature

Date

Parent Signature if under 18

Date

For Rochester Area Family Y Staff Use Only

Program Placement(s):

Program Director/Supervisor:

Approximate Start Date:

Intake Process Completed (date):