



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Branch/Program/Date Cleared: _____

ONE-TIME PROGRAM/EVENT FORM FOR VOLUNTEERS NOT SUPERVISING YOUTH

VOLUNTEER STATEMENT

In the YMCA of Centre County's efforts to attract the highest quality volunteers, I have been advised that, as part of my volunteer service with the YMCA, an inquiry can be made concerning my prior employment, activities, and character, and I fully consent to and authorize all such inquiries.

If the YMCA of Centre County accepts my volunteer service, I will comply with all policies set forth in the organization and with other policies established from time to time by the organization. I further understand and authorize that inquiries be made concerning background checks. I hereby waive any right to claim that any request or investigation is an invasion of my privacy since it is made with my consent and it is my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a clean criminal history background check and child abuse history clearance.

I understand that it is this YMCA's policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history background check. I understand that the YMCA of Centre County does not condone child abuse and that it is authorized to obtain information in my background related to child abuse.

VOLUNTEER'S INFORMATION

NAME: LAST FIRST MIDDLE

NAMES PREVIOUSLY USED (MAIDEN NAMES, ALIASES, ETC.)

CURRENT ADDRESS CITY STATE ZIP

PHONE NUMBER E-MAIL

DATE OF BIRTH RACE SEX

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER AND STATE ISSUED

YMCA OF CENTRE COUNTY

- BELLEFONTE BRANCH 125 West High Street Bellefonte, PA 16823 814-355-5551
MOSHANNON VALLEY BRANCH 113 North 14th Street Philipsburg, PA 16866 814-342-0889
PENNS VALLEY PROGRAM CENTER 115 West Streamside Place Spring Mills, PA 16875 814-422-6000
STATE COLLEGE BRANCH 677 West Whitehall Road State College, PA 16801 814-237-7717



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VOLUNTEER'S EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

PHONE NUMBER

ALTERNATE PHONE NUMBER

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after my service begins, may be cause for termination.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation.

I also understand that the YMCA strongly discourages any fraternization outside of the YMCA programs between volunteers and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult. I understand that written approval of such fraternization must be obtained from the supervisor or another YMCA representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer extends past the one-time event/program and/or I supervise youth or other volunteers, then I will be required to complete additional paperwork and participate in any additional required trainings, including Stewards of Children (child sexual abuse prevention).

I hereby acknowledge that I have read and understood the above statement, and I voluntarily sign this application.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF GUARDIAN (APPLICANT <18)

DATE

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