

SKILLS

Please indicate your skills, certifications, and training that may relate to volunteer positions:

Computer Skills:

- Typing, wpm _____
- Microsoft Office
- Fax machine
- Copier machine

Other:

Certifications:

- Lifeguard
- Aerobics
- First Aid
- CPR
- Teaching
- Other

Please list any additional information you believe significant to your application:

PERSONAL REFERENCES

(This area must be filled out completely)

1. _____
Name Phone Relationship

Address

2. _____
Name Phone Relationship

Address

3. _____
Name Phone Relationship

Address

Membership privileges and/or financial assistance may not be exchanged for volunteer services and/or donations.

APPLICANT'S CERTIFICATION AND AGREEMENT

Your application will be processed as quickly as possible. The undersigned hereby expressly authorized and directs the confidential release of my Criminal History Record to the YMCA of South Hampton Roads for the sole purpose of volunteer evaluation.

In addition, I understand that all YMCA volunteers are subject to YMCA's policy on drugs and alcohol and are subject to its terms. Part of the YMCA's application process may include a urine/drug test. I hereby give my consent to the YMCA and any laboratory, or health-care provider that the YMCA may designate, to collect and test urine, blood, or breath samples to indicate the presence of illegal drugs or alcohol.

In consideration of volunteerism, I agree to conform to the rules and policies of the YMCA of South Hampton Roads and I understand and acknowledge that my volunteer service may be terminated at any time, with or without cause, and with or without notice, at the option of either the YMCA or myself.

Each and every statement and fact set out in this application for volunteering is true and correct to the best of my knowledge. I acknowledge that any discrepancy may be grounds for termination of my volunteer service at any time hereafter. I hereby authorize the YMCA of South Hampton Roads to investigate the statements and answers, which I have made on this application.

Please sign that you have read and understood the Applicant's Certification and Agreement.

Applicant's Signature

Date

Parent or Legal Guardian's Signature (if applicant is under 18)

Date