



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Youth Sports Volunteer Application

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### Treasure Valley Family YMCA Human Resource Office

1177 W. State Street Boise, ID 83702

Phone: (208)344-5501 Fax: 1-866-732-9567

Web: www.ymcatvidaho.org

Thank you for your interest in the Treasure Valley Family YMCA Volunteer Program. Your talents and commitments to our cause are what make the YMCA a great place to be.

Branch applying at: (Please select at least one branch. This section must be completed to be accepted).

Location:

- Boise  
 Meridian

Program:

- Y-Ball  
 AAU  
 Lacrosse

- Soccer  
 Volleyball  
 Senior Games
- 

### PERSONAL DATA

Name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Are you a YMCA member?  Yes  No

Have you volunteered for the YMCA before?  Yes  No

If yes, date and program last volunteered for \_\_\_\_\_

Have you ever pleaded guilty, no contest, or been convicted of a Felony or Misdemeanor?

Yes  No If yes, please provide an additional sheet with details.

Offenses against persons or family, or public indecency?  Yes  No

If yes, please provide an additional sheet with details.

Answering "yes" to these questions does not constitute an automatic bar to volunteer.



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**CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY**

The Treasure Valley Family YMCA mission is: Welcoming all people and providing an atmosphere to enrich spirit, mind and body. We are dedicated to the values of caring, honesty, respect, and responsibility. Our programs enhance individual health and well being, strengthen personal and family relationships and develop leadership skills. We are for Youth Development, Healthy Living and Social Responsibility. As a volunteer I will cooperate in the fulfillment of this mission.

**BACKGROUND CERTIFICATION:** I clarify that all of the information I have provided is true and complete. I authorize the Treasure Valley Family YMCA to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe, caring environment, I have been advised that as a part of the application process for volunteering with the YMCA, an extensive inquiry will be made concerning my prior employment, activities, character and health. I fully consent to and authorize all such inquiries. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the Treasure Valley Family YMCA does not condone child abusers and that the Treasure Valley Family YMCA will be seeking information in my background related to child abuse.

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. I understand that the Treasure Valley Family YMCA does not condone child abusers and that the YMCA will be seeking information in my background related to child abuse. Initial \_\_\_\_\_

Name (last, first,middle): \_\_\_\_\_  
Maiden name or names previously used: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**VOLUNTEER TERMS:** I agree to abide by the YMCA’s policies, procedures, and Code of Conduct. I understand the YMCA does not provide any 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 “employment at will”, giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Treasure Valley Family YMCA does not provide volunteer compensation for any requested volunteer services which I provide, or trade volunteer services for membership or program fees.

**ABUSE PREVENTION:** I understand that the YMCA 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 YMCA volunteer, at all possible times I am to avoid being alone with a single child where I cannot be observed by other staff or adults.

**PROPERTY LOSS:** I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.



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**MEDICAL TREATMENT:** I give permission for YMCA 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 YMCA is not responsible for payment for such medical treatment.

**PHOTOGRAPHY PERMISSION:** I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

**RELEASE FROM LIABILITY:** I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, 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.

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)

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**RETURNING APPLICATION**

Mail or return completed applications to one of the following locations.

**Youth Development/Homecourt YMCA**

936 West Taylor, Suite 104  
Meridian, ID 83642  
208-855-5711