



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **ONEONTA FAMILY YMCA**

Thank you for volunteering in our YMCA! We appreciate your time and interest in our Y and we hope that you enjoy your assignment with us as much as we enjoy sharing our day with you. The Oneonta Family YMCA welcomes volunteers in many of its programs with completed paperwork, background clearance, and proper photo ID.

In order to begin the process to volunteer, please complete the forms below and drop them off with our Welcome Center Staff or email them to [ymcawelcome@oneontaymca.org](mailto:ymcawelcome@oneontaymca.org) and put VOLUNTEER in the subject line. Once you have been cleared to begin, we will get in touch with you with information regarding your assigned department, hours, and start date. Volunteers are required to sign in and out at our Welcome Center each time they are in the facility.

Please be aware that you are not permitted to begin prior to being informed that you are cleared and have your assignment. Thank you!



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\_\_\_\_\_  
**Y Department Assignment**  
(Office use only)

\_\_\_\_\_  
**Referral Agency**  
(Office use only)

**ONEONTA FAMILY YMCA**

20-26 Ford Avenue, Oneonta, NY 13820  
(607)432-0010

**APPLICATION**

Volunteer / Intern / Work Study / Community Service  
(Please circle)

**PLEASE PRINT NEATLY:**

APPLICANT NAME: \_\_\_\_\_

FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

STREET TOWN STATE ZIP

EMAIL ADDRESS: \_\_\_\_\_

**PHONE NUMBER: Please circle the most convenient number to reach you**

CELL: ( ) \_\_\_\_\_ WORK: ( ) \_\_\_\_\_ HOME: ( ) \_\_\_\_\_

Cell phone carrier: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION – Please notify:**

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**WHAT DAYS AND HOURS ARE YOU AVAILABLE**

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_

Intended length of time for this assignment: \_\_\_\_\_

Please provide information on how would like to volunteer your time. We have opportunities in a variety of areas. (Special events, maintenance, youth programs, etc. \_\_\_\_\_)

\_\_\_\_\_  
**LIST ALL CURRENT AND PAST VOLUNTEER EXPERIENCE/TRAINING/CERTIFICATIONS/SKILLS:**



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**HAVE YOU EVER BEEN REFUSED PARTICIPATION IN ANY OTHER ORGANIZATIONS? ( ) YES ( ) NO**

If yes, please explain:

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**HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CRIME: ( ) YES ( ) NO**

If yes, please explain:

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**ARE THERE ANY CRIMINAL CHARGES AGAINST YOU REGARDING ANY CRIME? ( ) YES ( ) NO**

If yes, please explain:

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**ACKNOWLEDGEMENT AND AUTHORIZATION:**

I have received, read, and understand and will comply with the Oneonta YMCA Code of Conduct. I agree to complete my assignment under the direction and guidance of the appropriate staff member in the area assigned. I agree to take responsibility for completion of all necessary paperwork from the referral Agency regarding my assignment (ex. Work study time sheets). I understand and agree to complete and return all necessary paperwork to the HR/Operations Leader before I am permitted to begin my assignment with the Oneonta Family YMCA. When cleared I will be given my assignment, start date, schedule.

Confidentiality Agreement: I agree not to discuss, at any time, any information that I may have seen/heard during my assignment at the Oneonta Family YMCA. I certify that all information provided by me in this application is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted will result in termination of this assignment.

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SIGNATURE (Volunteer/Intern/Work Study/Community Service)

DATE

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HR/Operations Leader

DATE

FOR YMCA USE ONLY (please initial and date upon receipt & completion)

- Completed application: \_\_\_\_\_
- Completed Authorization Letter: \_\_\_\_\_



- Summary of Rights (FCRA) Given: \_\_\_\_\_

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- Oneonta Family YMCA Code of Conduct  
Given: \_\_\_\_\_

- Completed background check: \_\_\_\_\_

- Picture ID received: \_\_\_\_\_

- Department Assigned/Start Date/Badge: \_\_\_\_\_

### ONEONTA FAMILY YMCA

#### AUTHORIZATION FOR BACKGROUND CHECK Volunteer/Intern/Work Study/Community Service

The Oneonta Family YMCA appreciates your commitment to do volunteer/intern/work study/community service with our YMCA. It is our obligation and policy to complete background checks on all applicants prior to beginning their assignment.

Please complete the information below **neatly** so we can conduct a background search and be sure you have been given your Summary of Rights (FCRA keep for your files).

As soon as you complete the information below, sign and date this form, we will complete the background check and upon a clean result we will contact you regarding your start date.

Thank you for your interest in our Y.

PLEASE PRINT CLEARLY

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

\_\_\_\_\_  
ADDRESS TOWN STATE ZIP

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
SIGNATURE DATE



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