



# YMCA Volunteer Acknowledgements

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:**

I understand that I am to immediately report accidents or injuries of participants or myself to my supervisor. I also understand that volunteer positions are *not* covered under Worker's Compensation Insurance.

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initial

I understand that the YMCA of Columbia-Willamette makes an active effort to prevent child abuse and thus requires that all volunteers have background checks and attend Child Abuse Prevention Training.

\_\_\_\_\_  
initial

I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.

\_\_\_\_\_  
initial

I understand that if chosen for a volunteer position, I will receive neither monetary compensation nor a membership to any YMCA of Columbia-Willamette branch as a benefit of volunteerism.

\_\_\_\_\_  
initial

I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or Branch Director. It is the policy of the YMCA to cooperate with the authorities conducting investigations of suspected child abuse.

\_\_\_\_\_  
initial

I understand that all volunteers are subject to dismissal at the discretion of the YMCA of Columbia-Willamette and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if YMCA programs are dependent upon my agreed attendance, I will give my supervisor and the YMCA of Columbia-Willamette ample notice of intentions to cease volunteering.

\_\_\_\_\_  
initial

I understand that if selected to volunteer, any misrepresentations made by my completing this application shall be considered as sufficient cause for my dismissal without advance notice.

\_\_\_\_\_  
initial

I understand that in the event of my selection, I will comply with all rules and regulations set forth by the YMCA of Columbia-Willamette.

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initial

I understand that volunteers will not fraternize with children outside the programs, including babysitting or inviting children home. No exceptions will be made.

\_\_\_\_\_  
initial

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

\_\_\_\_\_  
initial

I understand that information concerning my past record may be sought from employers, references and organizations for which I may have volunteered. I hereby release from all liability or damage those individuals, organizations or corporations who provide such information.

\_\_\_\_\_  
initial

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date