

Naugatuck Young Men's Christian Association, Inc. Volunteer Application

(PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY.)

Name: _____ Date of Birth: _____
Last First MI

Phone: Home: _____ Work: _____ Cell: _____

Address: _____
Street City State Zip

Employer: _____ Current Position: _____

School attended: _____ Major/Degree: _____

Circle completed year: High School: 1 2 3 4 College: 1 2 3 4 Year Graduated: _____

Are you required to perform volunteer service?: _____ If so by who?: _____

Is there a scheduled amount of time to perform?: _____ If so how much?: _____

Pertinent certifications (ex. First aid, CPR):

Certification: _____ Date received: _____ Expiration date: _____

Certification: _____ Date received: _____ Expiration date: _____

Position for which you wish to volunteer for: _____

Please specify days and times that you are available: _____

Are there any other experiences, skills, or qualifications, which you feel are important to this position?

References _____
Name Phone Address Relationship

References _____
Name Phone Address Relationship

References _____
Name Phone Address Relationship

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all information contained in this application. I understand that the
Naugatuck YMCA performs a criminal background check on all volunteers and employees.

Signature: _____ Date: _____

VOLUNTEER EMERGENCY INFORMATION

Please print legibly

Volunteer Name: _____

Name of physician: _____ **Phone:** _____

Name of preferred hospital: _____

Please list two people that we may contact in case of emergency.

Contact person in case of emergency: _____

Address: _____

Relationship to employee: _____

Home phone: _____ **Work:** _____

.....
Contact person in case of emergency: _____

Address: _____

Relationship to employee: _____

Home phone: _____ **Work:** _____

Volunteer Signature: _____ **Date:** _____

If any of the above information should change please notify Human Resource.

NAUGATUCK YMCA VOLUNTEER ACKNOWLEDGEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the Naugatuck YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Connecticut Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE WATERBURY YMCA.

Printed name of Volunteer Signature of Volunteer Date

Emergency Contact: Name Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of the Naugatuck YMCA and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Connecticut Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE WATERBURY YMCA.

Both Parents/Guardians must sign:

Printed name of Parent/Guardian Signature of Parent/Guardian Date

Printed name of Parent/Guardian Signature of Parent/Guardian Date

Printed name of Volunteer Signature of Volunteer Date

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature _____ / / _____
(Month/Day/Year)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)