

# YMCA VOLUNTEER APPLICATION FORM

1. Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ E-Mail \_\_\_\_\_

2. Address: Street \_\_\_\_\_ City/State \_\_\_\_\_ Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

3. Position for which you are volunteering? \_\_\_\_\_

4. What are your reasons for wanting to serve as a volunteer?

5. What special skills/experience do you bring to this position?

6. List your chief hobbies or interests:

7. Do you have any of the following?

First Aid Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR Certification: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other Certification(s) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

8. Have you ever been refused participation in any youth program? Yes \_\_\_ No \_\_\_

9. Do you have any physical or mental condition that may prevent you from performing the duties described in your job application?

\_\_\_No \_\_\_Yes If "Yes," please explain. A "Yes" answer does not necessarily preclude volunteer position

10. Except for minor traffic violations, have you ever been convicted of any violation of the law?

\_\_\_No \_\_\_Yes If "Yes," please explain. A "Yes" answer does not necessarily preclude volunteer position

11. Character/Professional References (if applying for youth volunteer, list one that has experienced your participation in volunteering for youth activities):

Name

Address

Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Additional remarks:

\_\_\_\_\_

\_\_\_\_\_

As a condition of volunteering, I give permission for The Family YMCA and its assigned agencies to conduct a background check on me, which may include a review of criminal records maintained by government agencies. I understand that my position is dependent upon receiving no inappropriate information on my background check. I am subject to suspension by the YMCA at anytime in the event of inappropriate behavior as outlined in the Code of Conduct and Employee Handbook. The facts set forth in my application are true and complete. I understand that if engaged, false statements on this application will be considered sufficient cause for dismissal.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

If Known Blood Type \_\_\_\_\_ Prior Transfusion Reaction (describe if yes) **YES NO**

Please mark all that apply:

Contact Lenses  Heart Problems  Diabetic  Epileptic  Asthma  Bleeding disorder

Allergies to medications? (Circle one) **YES NO**  
(If yes please list) \_\_\_\_\_

Allergies to anything else (environmental or foods)? (Circle one) **YES NO**  
(If yes please list) \_\_\_\_\_

Current medications that you are taking now? \_\_\_\_\_

Other medical conditions? (list) \_\_\_\_\_

Previous Surgeries or Hospitalizations? \_\_\_\_\_

## Primary Physician and/or Medical Treatment Facility:

Physician Name	
Address	
City/State/Zip	
Phone	

## Person to be notified in an Emergency:

Name	
Address	
City/State Zip	
Phone	
E-mail	

## Other person(s) to be notified in an Emergency:

Name	
Address	
City/State/Zip	
Phone	
E-mail	



## YMCA CODE OF CONDUCT

**“Staff” refers to all YMCA employees, instructors, board members, coaches, assistants, instructor aides, substitutes and volunteers. “Participants” refers to all members, program participants, community service workers, non-YMCA maintenance and construction workers, guests and visitors.**

1. Staff will interact with participants and other staff with respect and consideration, treating everyone equally regardless of sex, race, religion, culture, or sexual orientation. The Family YMCA is an equal opportunity employer and supervisors will not discriminate when hiring staff.
2. Staff will portray a positive role model and act in a caring, honest, respectful and responsible manner, maintaining an attitude of patience, courtesy, tact and maturity.
3. While the YMCA does not discriminate against an individual’s lifestyle, it does require that staff abide by the standards of conduct set forth by the YMCA in the performance of their job
4. Staff will appear clean, neat, and appropriately attired.
5. Staff will report to work on time as scheduled or notify supervisor.
6. Staff will properly record hours worked and turn in time sheets when due.
7. Staff will not falsify any YMCA records.
8. Staff will carry out job assignments and follow supervisors’ instructions.
9. Staff must be free of physical and psychological conditions that might adversely affect participants’ physical or mental health.
10. Staff will not discuss confidential matters with anyone outside of the YMCA or with unauthorized employees. Lists of participants, confidential materials, and restricted information will not be removed from the facility or discussed with or shown to anyone under any circumstances without authorization.
11. Staff will not gossip in the work place.
12. Staff will not carry weapons on YMCA property or into YMCA programs.
13. Staff will not steal, or attempt to steal YMCA, members, participants, or staff property.
14. Staff will not intentionally destroy YMCA property or property where YMCA programs are held, or advocate or participate in unlawful seizure of YMCA property or property where YMCA programs are held.
15. Staff will not be on YMCA property during closed hours without authorization from the executive director
16. Staff will not use the Internet inappropriately.
17. Staff will notify the YMCA of a conviction or arrest.
18. Staff will not use profanity, abusive language, tell inappropriate jokes, or share intimate details of personal life in front of members, participants or other staff.
19. Staff will not smoke or use tobacco in the presence of participants. Smoking in and around the YMCA facility and programs is prohibited.
20. Never report to work under the influence of alcohol, intoxicants or drugs. The possession, use, manufacturing, or distribution of illegal drugs, alcohol and/or prescription drugs within the programs, activities and premises of The Family YMCA, and other facilities where YMCA programs are held is prohibited. *Off-the-job* illegal drug activity, as described above, or alcohol abuse, including illegal alcohol use, will not be tolerated.

21. Staff will refrain from intimate displays of affection towards others during working hours.
22. Staff will not engage in sexual, religious, racial, ethnic, or any other kind of harassment towards members, participants, or other staff.
23. Staff will not abuse participants or other staff in any of the following manners: physical abuse - striking, spanking, shaking, slapping; verbal abuse - humiliating, degrading, threatening; sexual abuse - inappropriate touching or verbal exchange, molestation, indecent exposure; mental abuse - shaming, withholding love, cruelty; neglect - withholding food, water, basic care, etc. Any type of abuse will not be tolerated and may be cause for immediate dismissal.
24. Staff will respect participants' rights not to be touched in ways that make them feel uncomfortable. Other than diapering, staff will not touch areas of participants' bodies that would be covered by a bathing suit.
25. Staff will read and sign all policies related to preventing, identifying, documenting, and reporting child abuse, and attend training as instructed by a supervisor
26. Staff ages 18 and over will not date participants ages 17 and under.
27. Staff will not transport participants ages 17 and under in their own vehicles.
28. Staff ages 18 and over will not be alone with participants ages 17 and under outside of the YMCA. This includes babysitting, sleepovers, and inviting youth to staff's home. Staff ages 17 and under will not be alone with participants ages 12 and under outside of the YMCA. Any exceptions require a written explanation before the fact and are subject to administrative approval.
29. Staff will never leave participants ages 12 and under unsupervised
30. At no time during a YMCA program will YMCA staff age 18 and over be alone with a participant age 17 and under. At no time will any YMCA staff be alone with a participant 12 and under.
31. If working with children, staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than criticism, competition and comparison. Staff will have age-appropriate expectations and set up or follow guidelines that minimize the need for confrontation or discipline. Physical restraint is used only in pre-determined situations (i.e. necessary to protect someone from harm) and must be documented in writing.
32. If working with children, staff will conduct a health check of each participant each day, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the participant or the participant's parent/guardian in a non-threatening manner. Any questionable marks or responses will be documented.
33. If working with children, staff will not release youth ages 12 and under to anyone other than an authorized individual on file with the YMCA.
34. If working with children, staff will conduct or supervise private activities for participants, such as diapering, putting on bathing suits, taking showers, etc., in pairs. When this is not feasible, staff will be positioned so they are visible to others.

I understand the above list is illustrative of the type of conduct that is expected, but not inclusive of all conduct that is not tolerated. The Employee Handbook provides further guidance of rules and regulations I understand that any violation of this Code of Conduct may result in termination.

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**Employee Signature**

**Date**

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**If under 18, parent/guardian signature**

**Date**



## **Substance/Alcohol Abuse and Testing Policy**

It is the policy of The Family YMCA to ensure a healthy and safe environment free from substance use/abuse within the programs, activities, and premises of the YMCA in accord with its mission statement to promote wellness in spirit, mind and body. The possession, use, manufacturing, or distribution of alcohol and illegal drugs and the illegal possession, use, or distribution of prescription drugs within the programs, activities and premises of The Family YMCA, and other facilities where YMCA programs are held, will not be tolerated. Illegal actions will be reported to the Los Alamos Police Department and to the offices of Drug Enforcement.

Off-the-job illegal drug activity or alcohol abuse could have an adverse effect on an employee's job performance and could jeopardize the safety of other employees, the public, association equipment, and the YMCA's relations with the public, and therefore, will not be tolerated. Under no circumstance should any of our employees possess, use, manufacture, or distribute illegal drugs outside of work hours. Under no circumstance should any of our employees be illegally using or illegally under the influence of alcohol. Employees who violate this policy are subject to disciplinary action, including dismissal.

Each individual associated with The Family YMCA will assume personal responsibility for his/her own actions. Anyone with knowledge of illegal possession, use, manufacturing, or distribution of illegal drugs or alcohol within YMCA programs, activities, and/or premises is to report the facts of the case to his/her supervisor or Human Resources, respecting the confidentiality of that communication.

A "zero tolerance" attitude will be enforced. Final decision as to the actions taken based upon the facts of each individual case rests with the President of the Board of Directors and the Executive Director of The Family YMCA. Any employee may be requested to be tested for substance or alcohol abuse. Results of these tests will be shared with the appropriate YMCA staff and may be used to determine employment or continued employment.

Employees suspected of involvement in substance abuse will be placed on suspension without pay until official determination of involvement has been completed. A positive determination will result in immediate termination of employment with forfeiture of all benefits prior to the suspension date. A negative determination will result in reinstatement to the same or equal position. If an employee is charged and awaiting trial for illegal activities, he/she will be placed on leave without pay until legal determination is completed.

Request for reemployment following drug rehabilitation will be considered on an individual basis with recommendation from the President of the Board of Directors and the Executive Director.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE POLICY**

I hereby acknowledge that I have read and understood the above policy and agree to adhere to the policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18, signature of parent or guardian

**AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE**



## **The Family YMCA's Position Addressing the Nationwide Problem of Child Abuse**

### **THE FAMILY YMCA MAKES EVERY EFFORT TO PREVENT CHILD ABUSE**

#### **Some examples include, but are not limited to:**

- A thorough background check, including but not limited to, criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character and extra-curricular activities.
- Convicted or registered sex offenders are excluded from membership, employment, volunteering and program participation at the YMCA. Offenders are not allowed onto YMCA property or to loiter in the vicinity of YMCA programs and activities.
- The Family YMCA does not condone child abusers and this YMCA will be seeking information in an applicant's background related to child abuse.
- Allegations or suspicions of child abuse are taken seriously and will be reported to the State/local authorities for investigation.
- Programs are structured so that no staff member is left alone with children.
- All staff and volunteers must undergo Child Protection Training.
- Periodic interviews and evaluations are conducted with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- Staff will not fraternize with children outside the programs, including baby-sitting or inviting children home.
- Testing for illegal substances.

#### **The Family YMCA's goals for all programs are:**

- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support, and care.

#### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CHILD ABUSE PREVENTION STATEMENT.**

**I certify that I have read the above statement and accept the same as a condition of my employment with The Family YMCA.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

IF UNDER 18, parent/guardian signature \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE**

**The Family YMCA Child Protection Policies  
Implemented October 1, 2005, rev. 1/23/12**

“Staff” refers to all Y employees, instructors, board members, coaches, assistants, instructor aides, substitutes and volunteers. “Participants” refers to all members, program participants, punch card users, community service workers, non-Y maintenance and construction workers, guests and visitors.

- 1) All staff must read and sign a code of conduct.
- 2) All staff must sign the “Abuse Prevention Agreement,” stating they have received and read a copy of “The Family Y Abuse Prevention Policies.”
- 3) All staff working with participants under the age of 18 must undergo a criminal background check.
- 4) All staff must complete child abuse prevention training annually. Program directors must maintain a training record of their staff. Formal training will be offered as needed. Training will include:
  - a. Abuse reporting procedures.
  - b. Supervision and bathroom procedures.Staff working with participants ages 12 and under must attend an updated formal training each year. Staff working with participants ages 13 and older may attend the formal training or read the training packet each year.
- 5) All staff must wear an ID provided by the Y, which must be returned upon termination.
- 6) Program directors or WCRs must have parents/guardians of participants ages 12 and under read and sign the “Parent Statement of Understanding” form, to be returned and filed with the child’s records.
- 7) All participants will be required to show photo identification the first time they register for a program. Participants that have registered for programs prior to October 1, 2005, will also be required to provide one-time photo identification. Verification of participants will be annotated in the Y’s computer system.
- 8) All staff and participants entering the facility must scan a membership card, wear a staff badge, or sign in and out at the front desk. Parent/ guardian may sign in for youth ages 12 and under.
- 9) Instructors/coaches at **off-site** programs must determine why any unknown individuals are present at the program. Valid reasons for being present include observing the program with an interest in registering (should not observe more than once) or individuals working without disrupting the class (i.e. PTO preparing for a school bake sale). Los Alamos Public Schools employees may be present at the program site if their presence is necessitated by their duties for LAPS; however, they may not be involved or engaged with Y program participants other than to exchange a brief greeting.
- 10) All participants ages 12 and under working out in the facility must be under the direct supervision of an accompanying adult (age 18 or over). Program participants ages 10 and under must be escorted to and from the program location by an authorized individual and checked in with the instructor/coach. Program participants ages 11 and 12 must be escorted to and from the program location by an authorized individual and checked in

with the instructor/coach or have a signed "Walking Permission" form on file with the child's records. A copy of the form will be kept by the instructor/coach.

- a. Authorized individuals will be recorded on a registration form or liability waiver, to be kept with the child's file and the instructor/coach.
- b. Authorized individuals that leave a program after checking in a child age 12 and under must sign out the child with the instructor/coach when picking him/her up at the conclusion of the program. Authorized individuals must present a photo ID to the instructor/coach in order to sign out the child, until the individual is known to the instructor/coach.
- c. Authorized individuals that remain during a program, or who are enrolled in the same program with a child ages 12 and under do not have to sign out the child with the instructor/coach.
- d. Attendance sheets must be kept for all youth ages 12 and under, and must be returned to the program director.
- e. Instructors/coaches at **off-site** programs must keep a record of attendance for **all** participants for **all** class meetings/programs/practices to be turned in to program director.
- f. Participants ages 11 and 12 may sign themselves in and out of programs **ONLY** if a "Walking Permission" form for the program is on file. The form states that a parent/guardian allows the participant to walk to and from the program by him/herself.
- g. Participants ages 10 and under who are not escorted by an authorized individual, and participants ages 11 and 12 that are not escorted by an authorized individual or do not have a "Walking Permission" form on file will not be allowed entry or to participate in programs after a warning. Questions/concerns regarding participants not allowed into programs will be referred to program directors.
- h. Youth ages 12 and under participating in **off-site** programs must be signed in and out with the instructor/coach by authorized individual, unless authorized individual remains for the duration of the program/class/practice or is also a participant, or a child ages 10 or 11 has a "Walking Permission" form on file.

11) Program participants ages 12 and under must notify instructor/coach if he/she needs to use the restroom. If authorized individual is present and observing or participating, authorized individual must accompany child to the restroom. If authorized individual is not present, then instructor/coach must keep track of time the child is gone. If the child has not returned in an appropriate amount of time, then instructor/coach must check on the child, or send an authorized individual (participating parent/guardian, assistant) to check on child.

12) Instructors/coaches at **off-site** must follow training protocol for restrooms for those ages 12 and under: restrooms should be checked/cleared, parent or volunteer should accompany 1-3 children and stand in doorway to wait for children, but if it is impossible to chaperone children, 3 children should be sent with instructions to hurry and stay together.

13) Registered and/or convicted sex offenders are not allowed employment, membership, participation in programs, entry onto Y property, or to loiter in the vicinity of programs and activities.





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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **CHILD PROTECTION AGREEMENT**

I have received and read a copy of The Family YMCA Child Protection Policies. I understand these policies have been implemented by The Family YMCA in order to prevent possible abuse, and agree to uphold these policies in my position of employment or as a volunteer. I understand that I am to keep a copy of The Family YMCA Child Protection Policies for personal reference.

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Employee Print Name

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Employee Signature

Date

---

HR Signature

Date

**THE FAMILY YMCA**  
**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**  
PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

(1st) PARTICIPANT NAME \_\_\_\_\_ Birthdate \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

(2nd) PARTICIPANT NAME \_\_\_\_\_ Birthdate \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

IN CONSIDERATION to use or participate in all PROGRAMS and ACTIVITIES of The Family YMCA including the climbing Wall for any purpose, including, but not limited to observation or use of all facilities or equipment, or participation in any off-site program affiliated with The Family YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. It is further warranted that such entry into The Family YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FAMILY YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE FAMILY YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE The Family YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with The FAMILY YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about The Family YMCA premises or in any way observing or using any facilities or equipment of The Family YMCA or participating in any program affiliated with The Family YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of The Family YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with The Family YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Mexico and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE. I understand my photo may be used in Y promotions. I accept the Y's right to email /and/ or text breaking notifications and relevant communications. ie; The Y is closing due to the weather.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature\* \_\_\_\_\_

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature\* \_\_\_\_\_

\*Signature of Parent/Guardian if participant is under 18 years of age

In keeping with our mandate of building strong kids and families and to maintain safe and comfortable facilities, convicted or registered sex offenders are excluded from membership and program participation at The Family YMCA, and offenders shall not enter onto YMCA property or loiter in the vicinity of YMCA programs and activities.

## Informed Consent for Exercise Participation

### Voluntary Participation

I wish to participate voluntarily in exercise activities and/or programs at The Family YMCA exercise facilities. My purpose is to maintain or improve my personal health and fitness. I understand that moderate exercise, when gradually increased in intensity, along with appropriate exercise guidance is recommended and safe for most people. I understand that qualified YMCA staff is available to assist me in learning to use exercise equipment safely. Qualified staff is also available to consult with me about my personal exercise program and special fitness objectives or limitations. If I choose to use equipment within the YMCA facility I understand I must obtain instruction on using the YMCA's equipment or assume responsibility myself if I choose to waive this right. The YMCA will not be held liable for injury or damage.

### Medical Evaluation

I understand that it is advisable to obtain a medical evaluation and my doctor's approval prior to initiation of exercise if I meet any of the following risk criteria:

- 1) I do not regularly perform vigorous exercise, and I plan to begin vigorous exercise, AND
- 2) I am above age 40 and male or above age 50 and female OR
- 3) I have two or more coronary risk factors, i.e.,
  - Diagnosed high blood pressure
  - Total serum cholesterol greater than or equal to 240 mg/dl
  - Cigarette smoking
  - Diabetes mellitus
  - Family history of coronary or other atherosclerotic disease in parents or siblings (prior to age 55);

OR

4) I have any major symptom or sign suggestive of cardiopulmonary or metabolic disease, i.e

- chest pain
- dizziness
- swollen ankles
- known heart murmur
- irregular or rapid heart rate
- leg or arm pain with exercise
- unaccustomed shortness of breath
- shortness of breath when lying down or late in the day

### Exercise Risk

I understand that the risk of injury to the musculoskeletal system, and in rare instances occurrences of heart attack or death, are somewhat increased during exercise. However, these risks must be compared to the overall lower death rates of physically active people.

### Participant Responsibilities

I understand that I am responsible for monitoring my own condition at all times. If, during exercise, unusual symptoms occur I will cease my participation and inform the instructor or staff of my symptoms. If such unusual conditions occur, I will be encouraged to visit my doctor for further evaluation. If indicated, YMCA staff will contact Emergency Medical Service (911), and I give my permission to do so.

I agree that I will not use this facility while under the influence of alcohol or other drugs or while experiencing any condition (medical, psychological or chemical) that might impair my ability to make safe and sound judgments affecting my safety and the safety of other participants.

In signing this consent form I affirm that I have read this document in its entirety; all of my questions have been satisfactorily answered, and I understand what I have read. I agree to fully assume my responsibilities which include making arrangements for an appropriate medical evaluation if indicated by the criteria set forth in this document. I affirm that I am 18 years of age or older and eligible for YMCA usage:

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ \*

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ \*

\*Signature of Parent/Guardian if participant is under 18 years of age



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**Notice and Authorization Concerning Consumer and Investigative Consumer Reports**

This form, which you should read carefully, has been provided to you because The Family YMCA (“Organization”) may request a criminal background report in connection with your application for employment, or at any time during the course of employment with the Organization, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and The Family YMCA are filed with any third parties, the organization may request investigative reports for purposes of evaluation and response, regardless of whether you remain in the employ of the Organization at the time such claims or disputes arise.

The types of reports that may be requested from lexisnexis.com or other registry under this policy include, but are not limited to, criminal records checks including sex offender registries, court records checks, driving records, and/or summaries of educational and employment records and histories, and credit checks. **Please note:** The YMCA will maintain the complete confidentiality of all information obtained through criminal background checks, reference checks, and all information on application forms, including information regarding disqualification decisions.

**The Family YMCA will not discriminate against any person on the basis of race, color, creed, sex, religion, age, disability, national origin, citizenship, or marital status.**

**Authorization**

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of criminal background search reports, as defined above, to The Family YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the criminal background search reports requested by the Organization and confirm that all such information provided in connection with my application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, a guarantee of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by The Family YMCA.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
\*Social Security number

\_\_\_\_\_  
Full address, including ZIP code

\_\_\_\_\_  
\*Date of birth (mm/dd/yy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* required

*For office use only:*

\_\_\_\_\_  
Department

Minor? \_\_\_Yes \_\_\_No