



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMPLOYMENT APPLICATION

The Family YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of gender, gender identity, sexual orientation, religion, age, marital status, citizenship, national origin, ethnic identity, veteran status, disability or any other status protected by law.



If you would like to apply to join The Family Y's staff, please complete the application below.

- Be sure to write legibly
- This application **must be completed in full** to be accepted.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application and any additional forms included with application.

Position Applying For: _____ **Date:** _____

Are you willing to accept other positions: _____ **Date Available:** _____

PERSONAL INFORMATION

NAME: _____ **E-mail:** _____
Last First MI

ADDRESS: _____
City State Zip Code

TELEPHONE: Mobile: _____ **Other:** _____

Are you 18 years of age or older? **Yes No**
Are you 21 years of age or older? **Yes No**

If hired, can you provide verification of your legal right to work in the United States? **Yes No**

Can you perform the essential functions of the job for which you are applying, with or without reasonable accomodation? **Yes No**

***Notice to All Applicants: The Family YMCA enforces its policies and practices to prevent child abuse.**
Allegations or suspicions of child abuse are taken very seriously at The Family YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

EMPLOYMENT INFORMATION

List available days/hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Preferred Job status: Full-time Part-time Seasonal: _____
Dates Available

Have you ever been employed by this YMCA or any other YMCA? **Yes** **No**
 If yes, when? _____ At which location? _____

Have you previously volunteered at this YMCA or any other YMCA? **Yes** **No**
 If yes, when? _____ At which location? _____

Do you have any relatives or household members currently working for this YMCA? **Yes** **No**
 If yes, name(s) and relationship: _____

How did you hear about this opening?

	<input type="checkbox"/> Staff Referral	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> School	<input type="checkbox"/> Advertisement
	<input type="checkbox"/> Y Website	<input type="checkbox"/> Facebook
	<input type="checkbox"/> Y Member	<input type="checkbox"/> Other _____

Name of Referral Source: _____

EDUCATION & TRAINING

	Name of School	City/State	Diploma Awarded	Degree	Major
Check one: <input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		

Describe any non-employment experience such as school or volunteer activities that might strengthen your application.

SAFETY & JOB SPECIFIC CERTIFICATIONS

Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

EMPLOYMENT HISTORY		List all previous employment during the past seven years starting with the most recent. Use additional sheets if necessary.	
Employer	Telephone	Dates Employed	Summarize the nature of the work performed and job responsibilities.
Address		From: _____/_____ To: _____/_____	
Job Title		Starting Hourly Rate \$ _____ per _____	
Immediate Supervisor and Title		Ending Hourly Rate \$ _____ per _____	
May we contact this employer? _____ Yes _____ No			
Employer	Telephone	Dates Employed	Summarize the nature of the work performed and job responsibilities.
Address		From: _____/_____ To: _____/_____	
Job Title		Starting Hourly Rate \$ _____ per _____	
Immediate Supervisor and Title		Ending Hourly Rate \$ _____ per _____	
May we contact this employer? _____ Yes _____ No			
Employer	Telephone	Dates Employed	Summarize the nature of the work performed and job responsibilities.
Address		From: _____/_____ To: _____/_____	
Job Title		Starting Hourly Rate \$ _____ per _____	
Immediate Supervisor and Title		Ending Hourly Rate \$ _____ per _____	
May we contact this employer? _____ Yes _____ No			

Please explain any gaps in your employment history.

What other business experience, personal experience or training have you had that may have prepared you for this position?

PERSONAL REFERENCES

Do not list relatives or past employers. All sections must be filled in. Application will NOT be considered if not filled in completely.

Name: _____ Circle one:
Personal or Professional?
Occupation: _____ Years Known: _____
E-mail: _____
Phone #: _____ Alternate Phone #: _____

Name: _____ Circle one:
Personal or Professional?
Occupation: _____ Years Known: _____
E-mail: _____
Phone #: _____ Alternate Phone #: _____

Name: _____ Circle one:
Personal or Professional?
Occupation: _____ Years Known: _____
E-mail: _____
Phone #: _____ Alternate Phone #: _____

APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

Please read all statements and sign below:

I authorize both The Family Y and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

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 in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

If I am employed by The Family Y I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of The Family Y or myself. I understand that, other than the CEO of The Family Y, no manager, supervisor or representative of The Family Y has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of The Family Y has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and The Family Y.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that The Family Y is not obligated to retain or consider this application for future openings. If hired, I agree to abide by The Family Y's policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: _____

Date: _____

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

PARENT NAME: _____ PARENT NAME: _____

ADDRESS: _____ City/Zip _____

Phone: _____ Work Phone _____ Other: _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

CHILD'S NAME _____ DOB: _____ AGE: _____ Gender _____

Emergency Contact _____ Emergency Phone Number _____

IN CONSIDERATION OF being permitted to utilize the facilities, including the climbing wall services and programs of The Family YMCA (and for my children to so participate) for any purpose, 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, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider 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 by the undersigned and such children.

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 ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, 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 or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children 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 or such children 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 to the undersigned or such children due to negligence of releasees 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.
4. PHOTO RELEASE I understand that images, video and audio is often used by The Family YMCA for promotional purposes. I hereby give my permission and consent, now and for all time, for The Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with The Family YMCA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at The Family YMCA, for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.
5. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations, including The Family YMCA, in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and participation in YMCA programs, and from any liability for other claims, including loss of property, to the fullest extent of the law.

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.

Date: _____ Signature of Parent/Guardian: _____ Print Name: _____

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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.

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 have two or more coronary risk factors, i.e.,
 - Diagnosed high blood pressure
 - Total serum cholesterol greater than or equal to 240 mg/dl
 - Diabetes mellitus
 - Family history of coronary or other atherosclerotic disease in parents or siblings (prior to age 55);OR
3. 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.

Date: _____ Signature of Parent/Guardian: _____ Print Name: _____



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 property, or the property of its members or participants.
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.

Employee 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 _____

AN EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE



THE FAMILY YMCA

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, position as a volunteer, 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 First Advantage, 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 is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of gender, gender identity, sexual orientation, religion, age, marital status, citizenship, national origin, ethnic identity, veteran status, disability or any other status protected by law.

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 or position as a volunteer, 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.

PLEASE PRINT LEGIBLY.

*Name

*Social Security Number (required)

*Full Physical Address AND PO Box (if applicable)

*Date of Birth (mm/dd/yyyy)

*Signature

*Date

*REQUIRED

For Office Use Only:

Department

Minor? ____ Yes ____ No