



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Shasta Family YMCA

Adult Volunteer Application

(18 years and over)

1. Complete the application, including two reference forms, and return it to the YMCA.
2. You will be called when there is an opening that meets your interest and availability.
3. You will be required to have a Live Scan done by the Redding Police Department or Shasta County Sheriff's Department- \$18 fee applies.
4. Once your Live Scan has been cleared, you will be scheduled for a Volunteer Orientation.
If you have any questions, please ask to speak to a Family Activities Coordinator.

Name _____
Last First

Address _____
Street City State Zip

Email _____

Phone # _____ Alternate Phone # _____

Please list two references: (Non-related) (Circle One)

Name _____ Phone _____ Personal / Professional

Name _____ Phone _____ Personal / Professional

I am interested in volunteering in: (Circle all that apply. See back for description.)

Childwatch (6 weeks – 5 years) Kid Zone (4-12 years) Computer Lab (all ages) Off-site Afterschool (K-8 grade)

Coaching Youth Sports (K-6 grade) Other _____

What is your availability? Shifts are scheduled in three-hour increments for Childwatch, Kid Zone & Computer Lab.

Monday 8am-8pm _____ Tuesday 8am-8pm _____ Wednesday 8am-8pm _____

Thursday 8am-8pm _____ Friday 8am-6:30pm _____ Saturday 8am-4pm _____

Sunday 12noon-4pm _____ Off-site Afterschool: Mon-Fri 1:30-6:00pm _____

Are you a current YMCA member? Yes No

Have you ever been employed and/or part of a program at the Shasta Family YMCA? Yes No

If yes; when and what position/program _____

Please list any relatives that are employed and/or part of a program at the Shasta Family YMCA.

Name _____ Position _____ Relationship _____

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Special Talents or Interests _____

Shasta Family YMCA

Childwatch Volunteer duties include but are not limited to: caring for children ages six weeks to five years, reading and playing with children, escorting children to the restroom, greeting parents and children upon entering and departing from the room, offering snacks, possible lifting of infants and toddlers, and providing a safe, happy, and healthy place for children to play while members make use of the many programs and equipment throughout the facility.

Kid Zone Volunteer duties include but are not limited to: supervising and playing with children ages four to twelve years old, escorting children to the restroom, facilitating outside play on the playground as well as the basketball courts, greeting children and parents upon entry and departure from the room, offering snacks, and various other forms of interaction with children such as Lego building, crafts, marble maze, etc., providing a safe, happy, and healthy place for children while members make use of the many programs and equipment throughout the facility.

Computer Lab Volunteer duties include but are not limited to: assisting with computer usage, monitoring of appropriate websites, loading paper into the printer, and greeting members. The computer lab is open to all ages who are able to self navigate through the internet and word documents.

Afterschool program Volunteer duties include but are not limited to: Assisting afterschool teachers with supervision, snacks, homework and curriculum activities for school-age children K-8th grade.

Youth Sports Coach Volunteer—see Healthy Living Program Director, Chip Mark

If you need clarification or have any concerns, please contact a Family Activities Coordinator by calling the Shasta Family YMCA at (530) 246-9622.

Have you lived in California for more than five consecutive years? YES NO

If no, please list previous locations and dates _____

Can you perform the duties for which you are volunteering? YES NO

If no, please explain _____

I UNDERSTAND THAT ANY MISREPRESENTATION OF THE FACTS ON THIS FORM IS CAUSE FOR DISMISSAL.

Signature

Date

For office use only:

Orientation given by: _____ Date _____

Program _____ Day(s) _____ Time _____ Start Date _____

Notes: _____

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

FACILITY NAME Shasta Family YMCA		FACILITY NUMBER 451376242	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person’s statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person’s SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.



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SHASTA FAMILY YMCA VOLUNTEER REFERENCE

Applicants Name: _____

Reference Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

The undersigned applicant hereby authorizes you, the reference, to release to the Shasta Family YMCA all information regarding service, character, and conduct. Further, the undersigned applicant releases you from any and all liability which may result from supplying such information.

Applicant Signature: _____ **Date:** _____

.....
The applicant named above has recently submitted an application to volunteer with the Shasta Family YMCA to provide the highest quality service available; the Shasta Family YMCA finds it essential to check the references of all applicants prior to volunteering with us. We would sincerely appreciate your response to the questions below. **YOUR COMMENTS WILL BE KEPT CONFIDENTIAL.**

Evaluate Applicant	Excellent	Good	Fair	Poor
Positive Role Model				
Appearance				
Team Player				
Attitude				
Attendance				
Punctuality				
Judgment				
Flexibility				
Initiative				
Competence				

Comments: _____

How long have you known applicant? _____

Signature: _____ **Title:** _____ **Date:** _____

Return To:

Shasta Family YMCA 1155 N. Court Street, Redding CA 96001 or Fax 530.246.9645-Attn: FAC Coordinator

For Questions Contact:

Crystal Ruben or Shannon Elrod – Family Activities Coordinators at 530.246.9622



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