

YMCA of Middle Tennessee Youth Sports Volunteer Application

Name: _____ D.O.B.: _____ Sex: _____
Current Address: _____ City/State/Zip _____
Phone: Home: _____ Office: _____ Cell: _____ Fax: _____
How long have you been at this address? _____ Social Security #: _____
Email Address: _____

Emergency Contact (permanent/parent's home information if you are a student)

Title: _____ Name: _____
Address: _____ City/State/Zip _____
Phone: Home: _____ Office: _____ Pager: _____ Relationship: _____

Background Information

Please list here any other names you may have used in the past: _____

Driver's license #: _____ State Issued: _____ Driver's license classification: _____

Have you ever been convicted of a criminal offense? YES / NO

Residences

Please list at least 3 years of residence history (excluding your current address) starting with the most recent:

1. _____
Street address City State Zip From month/yr. to month/yr.
2. _____
Street address City State Zip From month/yr. to month/yr.
3. _____
Street address City State Zip From month/yr. to month/yr.

Employment History Please list your last two employers starting with the most recent:

1. _____
Name of Organization/Company Employed from month/yr. to month/yr.

Address City State Zip Telephone

Job Title and describe your work

Name and title of immediate supervisor

2. _____
Name of Organization/Company Employed from month/yr. to month/yr.

Address City State Zip Telephone

Job Title and describe your work

Name and title of immediate supervisor

Education *Note: Formal education is **not** required to be a volunteer. We welcome experiences of all kinds!*

Highest level completed _____ Degree or diploma _____

Name and location _____ Course of study _____

Interests

How did you learn about the volunteer opportunities at the YMCA of Middle Tennessee? _____

Why would you like to volunteer? _____

What other organizations have you volunteered for, if any? _____

Type of volunteer position you are applying for

_____ Head Coach _____ Assistant Coach _____ Other _____

What sport are you applying for?

_____ Soccer _____ Basketball _____ Baseball _____ Other _____

ALSO COMPLETE AND SIGN THE OTHER SIDE

References

List 3 people who have known you for at least three years whom you authorize us to contact. **Include one family member.**

1.) Name: _____ Phone: _____
Address: _____ City/St/Zip: _____
Relationship to you: _____ Known you for How Long: _____

2.) Name: _____ Phone: _____
Address: _____ City/St/Zip: _____
Relationship to you: _____ Known you for How Long: _____

3. Name: _____ Phone: _____
Address: _____ City/St/Zip: _____
Relationship to you: _____ Known you for How Long: _____

STATEMENTS of UNDERSTANDING. Please initial each statement and sign.

- ___1. I understand that the Middle Tennessee Sports Coaches Manual will apply to me and I will be given a copy upon beginning volunteer service.
- ___2. I understand that the YMCA does not discriminate based on race, color, creed, religion, national origin, sex marital status, status with regard to public assistance, membership or activity in a local commission, disability, age or other legally protected status.
- ___3. I understand the YMCA reserves the right to conduct criminal background and reference checks on all volunteers. I hereby give my permission for the YMCA of Middle Tennessee to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agency, may include arrest and convictions. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the YMCA of Middle Tennessee. I also understand that it will be repeated on a monthly basis. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.
- ___4. I understand that the YMCA nor its agents, employees, servants, or invitees shall be liable to me or any of my family, agents, employees, servants or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused. I will not hold the YMCA responsible for any injuries or accidents that may occur.

Signature

Date

Printed Name of Applicant

Our Mission: A worldwide charitable fellowship united by a common loyalty to Jesus Christ for the purpose of helping persons grow in spirit, mind and body.