

TRI-CITIES FAMILY YMCA VOLUNTEER APPLICATION FORM

			Date:			
Name:			DOB:			
Address:						
City/State/Zip: _						
Primary Phone: _		Cell Phone:				
E-Mail Address:			_			
Please share how	you learned of tl	his opportunity (plea	ase check all that apply):			
☐ Posting	☐ Website	☐ Survey				
Referred by St	aff:	_ 🗌 Referred by Ot	her:			
Please check all (see summary of d			you may be interested:			
☐ Bui	☐ Building & Grounds Committee Member					
☐ Me	mbership & Mark	keting Committee Me	ember			
☐ Pro	gramming & Spe	cial Events Member				
We like to brag at such a note be se			to their employers. To whose attention should			
Place of Employment:			Your Position:			
Supervisor/HR Name:			E-Mail:			
Address/City/Stat	e/ZIP:					
advice. Please in	dicate below you	ing in serving. Also ur areas of expertis tional sheet if neces	o, from time to time we need particular expertise or se in which you would be willing to give us special is sary).			
		THANK	YOU!			

Please return completed form to: Welcome Center or volunteer@tcfymca.org 1 Y Drive, Grand Haven, MI 49417

For Office Use Only						
Background Check Completed By	Approved by Human Resources					

the

TRI-CITIES FAMILY YMCA Volunteer Position Descriptions

BUILDING & GROUNDS COMMITTEE

- Led by facilities director, comprised of board representative and YMCA facility and/or program members.
- · Meets monthly.
- Assists with analyzing overall facility condition, preventative maintenance procedures and facility improvement projects and makes recommendations accordingly.
- Individuals with expertise in the following area are needed; architecture, mechanical engineering, electrical engineering, etc...
- Examines and outlines any major problem areas and assists staff with resolution planning.
- Plays a key role in annual fundraising efforts.

End Result

A safe, welcoming and sustainable place where all in our community can strengthen spirit, mind and body.

MEMBERSHIP & MARKETING COMMITTEE

- Led by the Membership and Marketing Director, comprised of board members and YMCA facility and program members.
- · Meets monthly.
- Reviews YMCA-USA available promotions and campaigns to align with the overall marketing plan.
- Ensures YMCA branding standards are followed.
- Reviews monthly and year-to-date branch membership reports (retention, revenue, etc.).
- Assists with analyzing daily operations, programs, facility hours, policies, etc. and makes recommendations accordingly.
- Examines and outlines any major problem areas and assists staff with resolution planning.
- Brainstorms new program ideas and makes recommendations to improve existing programs.
- Conducts/reviews program evaluations and assessment tools.
- Plays a key role in annual fundraising efforts and ongoing sponsorship procurements.

End Result

An organization able to meet the greatest needs of the community through valuable programs and services, allowing individuals and families to learn, grow and thrive at the Y.

PROGRAMMING & SPECIAL EVENTS

- Led by the Program Director, comprised of board members and YMCA facility and program members.
- · Meets monthly.
- Assists with the creation of and implementation of the master calendar, including special events.
- Provides assistance with planning race events.
- Brainstorms new program ideas and makes recommendations to improve existing programs.
- Conducts/reviews program evaluations and assessment tools.
- Plays a key role in annual fundraising efforts and ongoing sponsorship procurements.

End Result

An organization able to meet the greatest needs of the community through valuable programs and services, allowing individuals and families to learn, grow and thrive at the Y.



Name.

CRIMINAL BACKGROUND CHECK CONSENT FORM

As a present or prospective volunteer of the Tri-Cities Family YMCA, I understand it is the YMCA's policy to secure criminal history information as part of its volunteer screening process using the information provided below. I also understand if I am an active volunteer by the YMCA, that it is the YMCA policy to secure criminal history information after every two (2) years of volunteering using the information provided below.

First	Mid	idle	Last
Maiden names or names previously	used:		
Birthdate:	Race:	Sex:	
Social Security Number:			
Driver's License Number:	Sta	te:	_
I understand that the above information Police, Lansing MI. I authorize the purpose of obtaining a criminal hist	Tri-Cities Family YMC	e Central Records [A to utilize the abov	Division of the Michigan State ve information for the sole
Applicant Signature	2		Date
Have you ever been convicted of an	y offense involving th	e abuse or neglect	of children?
NO: _		YES:	
Applicant Signature	<u> </u>		Date
	ASSUMPTION (OF RISK	
W	AIVER AND RELEASE PHOTOGRAPH/VID		
Please read this form carefully and and waiving and release all claims participating in any Tri-Cities Fami may include, but are not limited to and/or death. The Tri-Cities Family and any other related bills due responsibility of the participant. Tri-Cities Familly YMCA has my per signature below signifies that	s for injuries, claims on the second of the	r losses which you tivities. Physical in ains, broken bones, sh accident/illness while participating ation and certify the totographs taken fo	might sustain as a result of juries from your participation head injuries, spinal injuries medical insurance. All medical as a volunteer will be the at I am in good health. The or its marketing materials. My
Signature:		Date: _	
Parent/Guardian:(Must sign if	volunteer is a minor	Date: _	