



# 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 this opportunity (please check all that apply):*

☐ Posting ☐ Website ☐ Survey  
☐ Referred by Staff: \_\_\_\_\_ ☐ Referred by Other: \_\_\_\_\_

**Please check all volunteer opportunities, in which you may be interested:**

*(see summary of opportunities on back)*

- ☐ Building & Grounds Committee Member  
☐ Membership & Marketing Committee Member  
☐ Programming & Special Events Member

We like to brag about the hard work of our volunteers to their employers. To whose attention should such a note be sent on your behalf?

Place of Employment: \_\_\_\_\_ Your Position: \_\_\_\_\_

Supervisor/HR Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Please share why you are interesting in serving. Also, from time to time we need particular expertise or advice. Please indicate below your areas of expertise in which you would be willing to give us special counsel or assistance *(attach additional sheet if necessary)*.

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THANK YOU!

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

For Office Use Only	
<u>Background Check Completed By</u>	<u>Approved by Human Resources</u>



# 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.



# TRI-CITIES FAMILY YMCA 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.

Name: \_\_\_\_\_  
First Middle Last

Maiden names or names previously used:

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing MI. I authorize the Tri-Cities Family YMCA to utilize the above information for the sole purpose of obtaining a criminal history file search.

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

Have you ever been convicted of any offense involving the abuse or neglect of children?

NO: \_\_\_\_\_ YES: \_\_\_\_\_

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

## **ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CLAIMS PHOTOGRAPH/VIDEO RELEASE**

Please read this form carefully and be aware that you are expressly assuming the risk and legal liability and waiving and release all claims for injuries, claims or losses which you might sustain as a result of participating in any Tri-Cities Family YMCA volunteer activities. Physical injuries from your participation may include, but are not limited to, cuts, abrasions, sprains, broken bones, head injuries, spinal injuries and/or death. The Tri-Cities Family YMCA does not furnish accident/illness medical insurance. All medical and any other related bills due to injury or sickness while participating as a volunteer will be the responsibility of the participant. I approve this application and certify that I am in good health. The Tri-Cities Family YMCA has my permission to use any photographs taken for its marketing materials. My signature below signifies that I have read and agree to all the conditions of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(Must sign if volunteer is a minor)*