



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA YOUTH AFTER-SCHOOL VOLUNTEER APPLICATION FORM

Last name: _____ First Name; _____ Mid. Init. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Current grade: _____

Date of Birth: _____

Parent/Guardian Name(s): _____ Phone: _____

Emergency Contact: _____ Phone: _____

Why do you want to be a volunteer? _____

Do you have transportation to and from the YMCA? _____

Signature of Applicant: _____ Date: _____

HASTINGS FAMILY YMCA

P.O. Box 1065, Hastings, NE 68902
1430 W 16th Street & 1220 W 18th Street
P 402.463.3139 F 402.462.9443
W www.hastingsymca.net



**FOR YOUTH DEVELOPMENT®
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Dear Parent/Guardian,

Your child has expressed interest in our new after school volunteering program for youth here at the YMCA. This program is designed to provide youth an opportunity for a fun and learning volunteer experience.

The majority of the volunteer work with this position would be at the counter checking balls in and out, taking care of towels, distributing wrist band, etc. they may also be asked to do other tasks assigned by the YMCA staff.

Applicants will be asked to do a brief interview. If accepted into the position, participants will be asked to schedule times, show up when scheduled, communicate with the staff, and perform assigned duties in a satisfactory manner. Not complying with any of the requirements can/will result in the end of the volunteer agreement. *This process is designed with the intention of helping to educate the participants on some basic job skills and requirements.*

If you have any questions about this position, please contact us. Your child will need to return the bottom half of this form signed by you.

Thank you!

Amber Smith, ambers@hastingsymca.net, 402-463-3139

Melody Bailey, melodyb@hastingsymca.net, 402-463-3139

I give _____ permission to apply for, and participate in, the after school youth volunteer program at the YMCA. I have read the attached information regarding this role. I understand that if my child is accepted into this *volunteer position*, they must follow all rules and expectations or risk losing their position.

I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all other from any and all responsibility for injuries or damages resulting in my child's participation in this YMCA volunteer program. I do also hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury damage to my child, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my child's participation in this YMCA volunteer program.

Signed: _____

Date: _____

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