



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of West Central Florida

Application Date: ____/____/____

Volunteer Application

Name: _____ Birth date: ____/____/____ Gender: M F
(First) (Middle) (Last)

Mailing

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Work Cell

Alternate Phone: _____ Home Work Cell

Email: _____ Education: _____

Occupation: _____ Employer/School: _____

Ethnicity: Asian African American Hispanic Native American Caucasian Other : _____

Are you currently a YMCA Member? Yes No

Do you have children who have participated in any of our programs? Yes No If yes, please list:

INTEREST AND SPECIAL SKILLS:

Volunteer Interests: Aquatics Child Care Coaching Golf Gymnastics Office Help Sports READS Wellness
(YMCA Volunteers must be at least 14 years of age or older, unless a member of the YMCA Leaders Club)

Volunteer Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Mornings Afternoons Evenings

Special interests, training, skills, or hobbies: _____

Please write a brief statement as to why you would like to volunteer for the YMCA _____

PREVIOUS VOLUNTEER EXPERIENCE:

Have you volunteered for a YMCA before? Yes No If so, what city and state: _____

Organization: _____ Volunteer Position: _____

Describe your volunteer position: _____

Contact Person: _____ Phone #: _____

Organization: _____ Volunteer Position: _____

Describe your volunteer position: _____

Contact Person: _____ Phone #: _____

PERSONAL/PROFESSIONAL REFERENCES:

Please list current employer's name, business, and contact phone number as a reference:

Business: _____ Contact Name: _____ Position: _____

Phone: _____ Dates of Employment: _____ to _____

Please list current school's name and contact phone number as a reference:

School Name: _____ Contact Name: _____ Position: _____

Phone: _____ Dates of Attendance : _____ to _____

Please list adult, non-relative references, at least one of whom has knowledge of your position as a volunteer program.

Name: _____ Business: _____ Phone: _____

Name: _____ Business: _____ Phone: _____

Name: _____ Business: _____ Phone: _____

I, _____ certify that all statements made by me on the application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered as a volunteer.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if selected as a YMCA volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

Have you ever pled nolo contendere (no contest), been found guilty of, or admitted guilt to a crime which is a misdemeanor or felony as an adult or its equivalent as a juvenile? No Yes. If yes, explain. (A "yes" response will not necessarily eliminate you as a candidate for the volunteer position).

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

Volunteer Name Printed

Date

Volunteer Signature

Parent Signature (if under age 18)

Date

I have included a copy of my driver's license



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BACKGROUND DISCLOSURE AND AUTHORIZATION YMCA OF WEST CENTRAL FLORIDA

Please read carefully before signing the authorization.

DISCLOSURE

In considering you for employment or for subsequent promotion assignment, reassignment, retention or discipline, YMCA of West Central Florida, Inc. ("the Company") may request and rely upon one or more consumer reports about you that we obtain from a consumer reporting agency or governmental agency. For explanation purposes: A "consumer report" is a written, oral or other communication of any information by consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in decision about you. Such information may include, for example, credit information, criminal history, or driving records.

Under the Fair Credit Reporting Act (FRCA), before the company can obtain consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis in whole or in part, or information in that report, you will be provided a copy of that report or information on how to obtain the report, the name, address and telephone of the consumer reporting agency or governmental agency, and a summary of your rights under the FRCA.

In considering you for employment the Company may also request that a Level II background screen will be performed that includes submitting fingerprints. You will be provided with additional information regarding the Florida Department of Law Enforcement notice of Sharing of Criminal History Record Information with Specific Agencies, Retention of Fingerprints, Privacy Policy and your Right to Challenge and Incorrect Criminal History Record.

Authorization

I have read and understand the foregoing Disclosure, and authorize YMCA of West Central Florida, Inc. to obtain and relay upon consumer reports concerning me and to perform a Level II Background Screen. By my signature below, I authorize the Company to obtain any such reports and to share information received with any person involved in their decision about me. I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent of Legal Guardian Signature (for minors under the age of 18)

Date



APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes.

I hereby authorize the Florida Department of Law Enforcement (FDLE) to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment.

I understand the following:

- My fingerprints may be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
- FDLE will use local, state, and national law enforcement databases to conduct the criminal justice employment check.
- Upon request, FDLE may provide a copy of my criminal history record to me.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____



Florida Department of
Law Enforcement

Richard L. Swearingen
Commissioner

Criminal Justice Information Services
Post Office Box 1489
Tallahassee, Florida 32302-1489
(850) 410-7100
www.fdle.state.fl.us

Ron DeSantis, *Governor*
Ashley Moody, *Attorney General*
Jimmy Patronis, *Chief Financial Officer*
Nikki Fried, *Commissioner of Agriculture*

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF:

- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to a reasonable time to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

The FBI's Privacy Statement follows on a separate page and contains additional information.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



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Live Scan Intake Worksheet

YMCA of West Central Florida

Please complete the following Information to allow us to proceed with Level II Background Check.

Please fill out all forms in a legible manner.

First Name	
Middle Name	
Last Name	
Suffix	
Aliases	
Address Line 1	
Address Line 2	
City	
State	
Zip Code	
County	
Phone #	
Email	
Sex	
Race	
Eye Color	
Hair Color	
Height	
Weight	
Social Security #	
Date of Birth	
State of Birth	
Have you resided in any states outside of Florida in the 5 past years? If so, where?	