

**YWCA Clinton**  
317 7<sup>th</sup> Ave South, Clinton, IA 52732  
563-242-2110  
www.ywcaclinton.org



**Date:**

### **Volunteer Application**

Thank you for your interest in sharing your time and talents with YWCA Clinton. Please take a few moments to complete this application. *Perspective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, and handicap or veteran status.*

**First Name**

**Middle Name**

**Last Name**

**Street Address**

**Preferred Phone**

**City, State, Zip Code**

**Email Address**

**Special skills, training, or certification (Languages, Red Cross First Aid, Etc.)**

**If you know the department and/or volunteer position you are interested in, please indicate it here.**

**Age/level you would like to work with: (Check all that apply.)**

Infant – 2-year-olds

3 – 5-year-olds

Elementary-age

Middle School

Adults

Seniors

Other \_\_\_\_\_

**Talent, skills, and activities you are interested in sharing: (Check all that apply.)**

Arts & Crafts

Special Events

Clerical

Facility Tours

Victim Advocate

Transportation

Committee

Host(ess)

Custodial (Indoor)

Custodial (Outdoor)

Other \_\_\_\_\_

**Emergency Contact Person**

**Name:**

**Relationship:**

**Phone:**

**Have you ever been convicted of a crime? A conviction record will not necessarily be a bar to volunteering, and factors such as age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account. If yes, please explain.**

Yes

No

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**Days and Times Available: (Check all that apply.)**

Monday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Tuesday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Wednesday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Thursday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Friday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Saturday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

Sunday

Early Morning (5-8am)

Morning (8am-Noon)

Afternoon (Noon – 5pm)

Evening (5-9pm)

The information you have provided in this application is true, correct, and complete. If you become a volunteer, any misstatement or omission of fact on this application may result in termination of your volunteer duties.

Acceptance of a volunteer position means that you will agree to any required background checks and training.

By signing below, you understand and agree.

Signature

Date

### **DISCLOSURE AND AUTHORIZATION - BACKGROUND INVESTIGATION**

In connection with my application for employment or to serve as a volunteer with YWCA Clinton, I understand that a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act (15 U.S.C § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends, or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Clint also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 877-319-5587. For information about Protect Youth Sports' privacy practices, see [www.protectyouthsports.com](http://www.protectyouthsports.com).

### **ACKNOWLEDGEMENT AND AUTHORIZATION**

By indicating below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature

Date

Last Name

First Name

Middle Name

Home Address (Street, City, State, Zip)

SSN

DL or State ID

State Issued

Email Address

Full DOB

Please list any other names used:

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