

YWCA of Clinton 317 7th Ave S , Clinton, Iowa 52732

www.ywcaclinton.org

Attn: YWCA Business Manager (563)242-2110

Thank you for your interest in sharing your time and talents with the YWCA. Please take a few moments to complete the application and return. If you have a specific position in mind, please indicate that.

Application for Volunteers

Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin, and handicap or veteran status.

Personal

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Email address
Special training, skill, or certification (i.e. languages, Red Cross Lifesaving, etc.)			Date rec'd
If you know the department and volunteer position interested in, please indicate here.			

Interest/talents

Age level you would like to work with (check all that apply): infants to 2-years old _____
3-5 years olds _____ Elementary- age children _____ Middle & high school age _____
Adults _____ Seniors _____ Special Population (be specific) _____

Talent, skills, and activities you could share (check all that apply):

Art _____ Crafts _____ Special events _____ Clerical _____ Facility tours _____
Victim Advocate _____ Transportation _____ Committee _____ Host (ess) _____
Custodial/indoor _____ Custodial/outdoor _____

Days and Times Available

Please check times and days usually available (check all that apply):

Weekdays _____ Weekends _____

Early Mornings 5:30am-8am _____ Mornings 8am-12pm _____

Afternoons 12pm-5pm _____ Evening 5pm-9pm _____

Emergency Contact person _____ Phone _____

Have you been convicted of a crime? Yes ___ No ___ (A conviction record will not necessarily be a bar to volunteering, and that factors such as age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account). If yes, explain

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

I understand that acceptance of a volunteer position means that I agree to any required background checks and training.

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. Client 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 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing 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 TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

State Consumer Reporting Requirements – Background Investigation

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Massachusetts only:

Under state law you have a right to receive a copy of your investigative consumer report if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Protect Youth Sports directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

I wish to receive a copy of any report on me that is requested.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect Youth Sports directly.