

YMCA OF MIDDLE TENNESSEE
AUTHORIZATION AND RELEASE
FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

This information will be used for verification and identification purposes only and will not be used for discriminatory purposes.

I, THE UNDERSIGNED CONSUMER, DO HEREBY AUTHORIZE YMCA OF MIDDLE TENNESSEE, BY AND THROUGH IT'S INDEPENDENT CONTRACTOR/VENDOR TO PROCURE A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME. I UNDERSTAND AND AGREE THAT ANY OMISSION, FALSE STATEMENT, MISLEADING STATEMENT, OR ANSWER MADE BY ME ON MY APPLICATION OR ANY SUPPLEMENTS TO IT AND IN ANY INTERVIEWS WILL BE SUFFICIENT GROUNDS FOR REJECTION OF EMPLOYMENT AND MY DISCHARGE AFTER EMPLOYMENT.

THESE ABOVE-MENTIONED REPORTS MAY INCLUDE, BUT ARE NOT LIMITED TO, EMPLOYMENT AND EDUCATION VERIFICATIONS; PERSONAL REFERENCES; PERSONAL INTERVIEWS; MY PERSONAL CREDIT HISTORY BASED ON REPORTS FROM ANY CREDIT BUREAU; MY DRIVING HISTORY, INCLUDING ANY TRAFFIC CITATIONS; A SOCIAL SECURITY NUMBER VERIFICATION; PRESENT AND FORMER ADDRESSES; CRIMINAL AND CIVIL HISTORY/RECORDS; AND ANY OTHER PUBLIC RECORD.

I UNDERSTAND THAT I AM ENTITLED TO A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT PREPARED ON ME UPON MY WRITTEN REQUEST TO THE VENDOR PROVIDING THE REPORT THAT IS MADE WITHIN A REASONABLE TIME AFTER THE DATE HEREOF. I ALSO UNDERSTAND THAT I MAY RECEIVE A WRITTEN SUMMARY OF MY RIGHTS UNDER 15U.S.C. 1681 ET SEQ.

I FURTHER AUTHORIZE ANY PERSON, BUSINESS ENTITY OR GOVERNMENTAL AGENCY WHO MAY HAVE INFORMATION RELEVANT TO THE ABOVE TO DISCLOSE THE SAME TO YMCA OF MIDDLE TENNESSEE, INCLUDING, BUT NOT LIMITED TO, ANY COURTHOUSE, ANY PUBLIC AGENCY, ANY AND ALL LAW ENFORCEMENT AGENCIES AND ANY AND ALL CREDIT BUREAUS, REGARDLESS OF WHETHER SUCH PERSON, BUSINESS ENTITY OR GOVERNMENT AGENCY COMPILED THE INFORMATION ITSELF OR RECEIVED IT FROM OTHER SOURCES.

I HEREBY RELEASE YMCA OF MIDDLE TENNESSEE, IT'S BACKGROUND VENDOR AND ANY AND ALL PERSONS, BUSINESS ENTITIES AND GOVERNMENTAL AGENCIES, WHETHER PUBLIC OR PRIVATE, FROM ANY AND ALL LIABILITY, CLAIMS AND/OR DEMANDS, OF WHATEVER KIND, TO ME, MY HEIRS OR OTHER MAKINGS SUCH CLAIM OR DEMAND ON MY BEHALF, FOR PROCURING, SELLING, PROVIDING, BROKERING AND/OR ASSISTING WITH THE COMPILATION OR PREPARATION OF THE CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT HEREBY AUTHORIZED.

I HEREBY AUTHORIZE AND REQUEST ANY PRESENT OR FORMER EMPLOYER, SCHOOL, POLICE DEPARTMENT, FINANCIAL INSTITUTION OR OTHER PERSONS HAVING PERSONAL KNOWLEDGE ABOUT ME, TO FURNISH BEARER WITH ANY AND ALL LAWFUL INFORMATION IN THEIR POSSESSION REGARDING ME IN CONNECTION WITH AN APPLICATION FOR EMPLOYMENT. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION MAY BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL, AND I SPECIFICALLY WAIVE ANY WRITTEN NOTICE FROM ANY PRESENT OR FORMER EMPLOYER WHO MAY PROVIDE INFORMATION BASED UPON THIS AUTHORIZATION REQUEST.

PRINTED NAME _____
LAST FIRST MIDDLE

MAIDEN OR FORMER NAME _____

SIGNATURE _____ DATE _____

COMPLETE RESIDENTIAL ADDRESS _____
Street Number / P.O. Box Street Name

City _____ State _____ Zip Code _____ County _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
MM DD YYYY

GENDER: M F DRIVER LICENSE # _____ STATE OF ISSUANCE _____

DAYTIME TELEPHONE NUMBER _____ (_____) _____



Center: _____
Unity ID _____

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER APPLICATION

Please Print or Type

I am 18 years of age or older **YES** **NO** (MINIMUM AGE TO VOLUNTEER IS 14)

Name: _____

Current Address:

STREET NUMBER & NAME	CITY, STATE, ZIP CODE	# OF YEARS AT THIS ADDRESS (FROM MONTH/YR. TO MONTH/YR.)
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Previous Address:

STREET NUMBER & NAME	CITY, STATE, ZIP CODE	# OF YEARS AT THIS ADDRESS (FROM MONTH/YR. TO MONTH/YR.)
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Home Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Employment

NAME OF ORGANIZATION/COMPANY	EMPLOYED FROM MONTH/YR. TO MONTH/YR.
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EMPLOYER ADDRESS	CITY STATE ZIP	TELEPHONE
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JOB TITLE AND DESCRIPTION OF YOUR WORK

NAME AND TITLE OF IMMEDIATE SUPERVISOR

Emergency Contact (permanent/parent's home information if you are a student)

Name: _____ Relationship: _____

Current Address:

STREET NUMBER & NAME	CITY, STATE, ZIP CODE	# OF YEARS AT THIS ADDRESS (FROM MONTH/YR. TO MONTH/YR.)
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Home Phone: _____ Cell: _____ Office: _____

Volunteer Interests

How did you learn about volunteer opportunities at the YMCA of Middle Tennessee?

Why would you like to volunteer?

Volunteer History

For what other organizations have you volunteered, if any?

1. _____
NAME OF ORGANIZATION/COMPANY VOLUNTEERED FROM MONTH/YR. TO MONTH/YR.

LOCATION / ADDRESS CITY STATE ZIP TELEPHONE

2. _____
NAME OF ORGANIZATION/COMPANY VOLUNTEERED FROM MONTH/YR. TO MONTH/YR.

LOCATION / ADDRESS CITY STATE ZIP TELEPHONE

Specific Volunteer Position

Please check – or fill in - any in which you are interested (including projects, events and “non-sporting” areas):			
BASKETBALL	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> OTHER _____
SOCCER	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> OTHER _____
OTHER _____	<input type="checkbox"/> Head Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> OTHER _____
OTHER _____			
OTHER _____			

Volunteer Availability

Do you prefer to volunteer on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO	On a time limited project? <input type="checkbox"/> YES <input type="checkbox"/> NO	List Project(s) or Event(s):				
WHAT IS YOUR AVAILABILITY TO VOLUNTEER?						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OTHER (e.g., one day a week, twice per month, once a month...):						
IS THERE AN END DATE TO YOUR AVAILABILITY, OR ARE YOU AVAILABLE AS LONG AS WE NEED YOU?						
<input type="checkbox"/> NO END DATE <input type="checkbox"/> YES, ANTICIPATED END DATE: _____/_____/_____						

References

List 3 people who have known you for at least three years whom you authorize us to contact. **Please list at least one family member.**

1.) Name _____ Phone _____

Address _____
STREET NUMBER & NAME CITY, STATE, ZIP CODE

Relationship to you: _____ Known you for how long: _____

2.) Name _____ Phone _____

Address _____
STREET NUMBER & NAME CITY, STATE, ZIP CODE

Relationship to you: _____ Known you for how long: _____

3.) Name _____ Phone _____

Address _____
STREET NUMBER & NAME CITY, STATE, ZIP CODE

Relationship to you: _____ Known you for how long: _____

CONVICTIONS:

A conviction does not automatically mean you will not be able to volunteer. What you were convicted of, circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility to volunteer. Please give all the facts, so a fair decision can be made.

#1 – Have you ever plead guilty to, or been convicted of, a felony? YES NO (Check yes or no, if YES give dates and explain):

#2 – Have you ever plead guilty to, or been convicted of, a misdemeanor? YES NO (Check yes or no, if YES give dates and explain) List any misdemeanor charge that you have plead guilty to, or were convicted of, within the past seven years.

I understand that any and all continued volunteer service with the YMCA of Middle Tennessee is dependent upon the results of my driving record, criminal history record, reference checks, and any other documents required that need to be verified.

Initial:

PLEASE READ CAREFULLY BEFORE SIGNING

My volunteer services are provided for the YMCA of Middle Tennessee ("YMCA") because I support its mission and wish to offer my time and energy to further its goals. I am volunteering for a duration, at times, and in a capacity of my choosing in cooperation with the YMCA's program coordinators. I do not expect, have not been promised, nor will I receive any form of compensation for my volunteer services, other than to participate in the YMCA's activities & programs and to enjoy related use of its facilities.

All volunteers with the YMCA, including myself, must abide by the YMCA's Volunteer Code of Conduct. Any violation of the Code of Conduct may result in the immediate termination of volunteer service.

The YMCA of Middle Tennessee has a zero tolerance standard for abuse and inappropriate behavior by staff members and volunteers.

No person shall be excluded from participation in the activities and programs of the YMCA, or treated adversely, because of his or her age, race, color, religion, sex, national origin, handicap or disability, or any other classification protected by Federal, Tennessee, or local law. I agree at all times to conduct myself in keeping with this commitment, and to otherwise act in a caring, fair, honest, respectful and responsible manner consistent with the mission of the YMCA.

I understand the YMCA reserves the right to conduct criminal background and reference checks on all volunteers. I hereby give my permission for the YMCA to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agency, may include arrest and convictions. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the YMCA of Middle Tennessee. I also understand the YMCA will continually monitor active volunteer's criminal records by performing periodic criminal record and background checks. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

In consideration of being allowed to participate in the activities and programs of the YMCA and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers, representatives, directors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in such activities or programs or my use of such facilities, equipment or machinery, even if such damage or injury results from a negligent act or omission.

I have read the above statements and accept the same as a condition of my volunteer service with the YMCA of Middle Tennessee.

Print Name: _____ Date: _____

Signature: _____

PARENT / GUARDIAN Signature if Volunteer is a minor / under 18 years of age: _____

Official Use Only	
Approval Signature: _____	Title: _____
Please Print Name: _____	Date: _____
Staff Contact Information: _____	Phone: _____

TENNESSEE YMCA CENTER FOR CIVIC ENGAGEMENT

CONFERENCE STAFF EXPECTATIONS & GUIDELINES

1. Conference Staff is expected to dress in business attire for the conference. Conference Staff is expected to respect any assignments designated by YMCA Staff.
2. Conference Staff is expected to be onsite during the conference. However, we are not your mother, we do not need or want to know your every move. For simple security reasons, we do need to know if you plan to leave the conference—and a manner in which we could reach you in an emergency if need be.
2. Use of alcohol and tobacco products is prohibited during the conference.
3. You will receive a stipend for the weekend. It will be prorated based upon which day you arrive and if you have to leave early.
 - *Pizza will be provided each night after delegate curfew.
 - *Breakfast is free at MUN conferences.
 - *Conference Staff is treated to lunch Sunday afternoon following closing ceremonies for all conferences. Please plan to join us!
4. Talking with Conference Staff is not a valid excuse for a delegate to be out of his/her room after curfew. Please be aware that your status as Conference Staff does not grant carte blanche to students with whom you may have prior relationships.
5. Conference Staff should not flirt with delegates. This includes obtaining phone numbers for anyone who will be a delegate in the future. If a Conference Staff member is in a relationship with a delegate who is attending, he or she must have a conversation with Susan and Elise about the best way to proceed.
6. There is a fine line between Conference Staff and officer that you cannot cross. You do not, for example, want to usurp the authority of the conference officers. If a question or issue arises about procedure or resolutions, etc., you should take that to an officer or to Susan or Elise.
7. We CANNOT afford to pay for you to park your car at the hotel for YIG. However, the YMCA does have a locked & fenced lot in which you may park. You will simply need to call or stop by the hotel when you arrive and we will arrange for you to be let in at the YMCA lot and transported back to the hotel. (This only applies to Youth in Government in the spring. Parking is free at MUN conferences).

I have read and will adhere to all Conference Staff expectations and guidelines:

Signature: _____ **Date:** _____

Print Name: _____