



925 North Hermitage Rd.
Hermitage PA, 16148

Volunteer Data and Release Form

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone:Day: _____ Evening/Cell: _____

Place of Employment: _____

Social Security #: _____ - _____ - _____ Sex: Male Female Birth Date: ____/____/____

Dept./Program that you are volunteering in: _____

Three References Name and Phone number:

Name: _____ Home #: _____ Work/Cell #: _____

Name: _____ Home #: _____ Work/Cell #: _____

Name: _____ Home #: _____ Work/Cell #: _____

Emergency Contact:

Name: _____

Phone: Day _____ Evening _____

I have my doctors' permission to participate in YMCA activities and volunteer duties. I understand the potential risks involved with exercise.

I have read and agree to abide by the YMCA Volunteer Code of Conduct and understand that the YMCA may do a Child Abuse and/or Criminal History Background check on me as a condition of volunteering. I give permission for the YMCA to use any photos or videos taken of me for purposes of promoting YMCA programs and activities.

Signed: _____ Date: _____

Office Use Only: Notes on reference checks: