



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:**