



YMCA of Greater Rochester • Chester F. Carlson MetroCenter YMCA

444 East Main Street • Rochester, New York 14604-2595 • (585) 325-2880 • Fax (585) 454-4015

Thank you for your interest in volunteering at the Carlson MetroCenter YMCA. We are grateful that you have chosen the YMCA to receive the benefit of your time and talent. The involvement of many committed individuals is essential to furthering the mission and providing the current range, quality and variety of YMCA programs.

The YMCA of Greater Rochester believes the safety and protection of the children we are entrusted to serve is an important priority. Like other organizations, the YMCA of Greater Rochester conducts criminal background checks on individual volunteers. The **Authorization of Disclosure & Release of Claims** form discloses information regarding this process and provides us with your consent to conduct the background check. All adult (over 18) volunteers are requested to complete this form before beginning a volunteer assignment.

To be considered for a volunteer position, please complete a **Volunteer Application** and return this form to the Carlson MetroCenter YMCA. You will be asked to complete the **Authorization of Disclosure & Release of Claims** form when interviewed.

I look forward to speaking with you about the volunteer opportunities available at the YMCA.

Sincerely,

A handwritten signature in black ink that reads "Laura Kroening".

Laura Kroening
Membership Director
585-263-4267
laurak@rochesterymca.org

We build strong kids,
strong families, strong communities.

Our Mission: To place Christian principles into practice through programs for the community to build a healthy spirit, mind and body for all.

What days and times are you available to volunteer? _____

What interests you in volunteering at the YMCA? _____

How can the YMCA contribute to your personal development? _____

Have you previously been involved with the YMCA? Yes No

If yes, where? _____ When? _____

How? _____

Do you have any health limitations of which we should be aware? Yes No

If yes, explain: _____

References

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____

Signature _____ Date _____

Parent Signature _____ Date _____
(if under 18)

