



YMCA Volunteer Release and Authorization

I hereby certify that the information provided relative to the background screening process and on the volunteer application is true and accurate and subject to verifications by YMCA of the Triangle. I authorize the schools, persons, previous employers, agencies and other organizations named in the volunteer application and screening forms to provide YMCA of the Triangle (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer decision and hereby release any such schools, persons, previous employers, agencies and organization from any and all liability, which they might otherwise incur as a result. I will comply with all rules and regulations as set forth in YMCA of the Triangle’s policy manual or other communications distributed to volunteers. I understand that I must complete the volunteer application, and take the online Child Abuse Prevention Training prior to performing volunteer services for YMCA of the Triangle. I understand that while volunteering for YMCA of the Triangle, screening may be performed on an annual basis or as needed.

I have read the above statement and accept the same as condition of my volunteer services with YMCA of the Triangle.

Applicant Signature _____ **Date** ___/___/_____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY.

Name (First, Middle, Last) _____

Maiden Name (If applicable) _____

Current Address _____ **How Long?** _____

City, State, ZIP _____

Previous Address _____ **How Long?** _____

City, State, ZIP _____

Social Security Number ____ - ____ - ____ **Date of Birth** ___/___/_____

Driver’s License Number or I.D. Number, State of Issue _____