



YMCA of Central New Mexico

Volunteer Application

Thank you for donating your time and talents to the YMCA of Central New Mexico. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in New Mexico.

Today's Date _____ (Month/Day/Year)

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: _____ Email address _____

Signature _____ Date _____

Parent's or guardian's signature _____ Date _____

(If you are under 18 years of age)

Please fill out the attached background check form



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with **YMCA of CENTRAL NEW MEXICO**. We're proud that our success is the result of the quality and caliber of our employees and volunteers. In pursuit of excellence, we require, as a condition of employment or Volunteerism that all applicants consent to verification of their background.

PLEASE READ CAREFULLY

This release and authorization acknowledges that **YMCA of CENTRAL NEW MEXICO** may now, or at any time while I am employed or volunteering, conduct a certification of my education, previous employ/work history, contact personal references, motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine eligibility under **YMCA of CENTRAL NEW MEXICO** policies.

I authorize **YMCA of CENTRAL NEW MEXICO** and any of its agents, to disclose orally and in writing the results of this verification process to the designed authorized representatives of **YMCA of CENTRAL NEW MEXICO**.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organization and agencies to provide **YMCA of CENTRAL NEW MEXICO** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is valid as the original.

I do hereby agree to forever release and discharge **YMCA of CENTRAL NEW MEXICO** and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge of complaint filed with any Agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY
APPLICANT:

Name, typed or printed

Social Security Number

Signature

Date of Birth

Maiden or other names in the last 7 years

Driver's License Number

Address

State (DL#) Today's Date

City, State, ZIP

NM Courts Sex Offenders website

Date processed _____ Name of processor _____