



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA OF GREATER PITTSBURGH VOLUNTEER APPLICATION

Contact [volunteer@ymcapgh.org](mailto:volunteer@ymcapgh.org) with any questions. \* Required

First Name \* \_\_\_\_\_ Last Name \* \_\_\_\_\_

Email \* \_\_\_\_\_ Phone \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_ Length of Residence in PA \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Social Security \* # \_\_\_\_\_ (required for clearances)

Gender \* The Y collects demographic information for grant reporting purposes only.

Male  Female  Prefer Not To Answer

Age \* The Y collects demographic information for grant reporting purposes only.

under 18 \*  25-30  41-50  65+

18-24  31-40  51-64

Race/Ethnicity \* The Y collects demographic information for grant reporting purposes only.

American Indian  White/Caucasian

Asian / Pacific Islander  Multi Racial

Black / African American  Other: \_\_\_\_\_

Chican/Latino  Unknown: \_\_\_\_\_

Are you a YMCA member?

yes  no

Community Service Requirement?

yes  no

If yes, how many hours are needed?

\_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:** For which position(s) are you applying? \*

Visit [www.pittsburghymca.org/volunteer](http://www.pittsburghymca.org/volunteer) to see a list of all available volunteer opportunities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER SKILLS:** What special talents or skills do you have that you would like to utilize?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From time to time, as part of the YMCA Volunteer Program, the YMCA and YMCA volunteers are photographed for marketing purposes, engaged in writing or art projects for promotion and publication, highlighted in news stories (newspapers, radio and/or television), and other projects where you could be photographed, interviewed, or otherwise recognized for your involvement in the program.

**MARKETING AND MEDIA PERMISSION AND RELEASE:** I give permission to be photographed, interviewed, quoted, and/or receive recognition for my work and involvement while participating in the YMCA Volunteer Program.

\_\_\_\_\_  
Volunteer or Parent/Guardian Initials

**YMCA OF GREATER PITTSBURGH | VOLUNTEER APPLICATION | PAGE 2**

Emergency Contact(s)\*:

---

Name	Relation	Phone
------	----------	-------

---

Name	Relation	Phone
------	----------	-------

EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize the YMCA of Greater Pittsburgh to secure and retain medical treatment and transportation if needed.

---

Volunteer or Parent/Guardian Initials

RELEASE AND WAIVER OF LIABILITY: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person that might arise directly or indirectly as a result of, and or participation as a volunteer for the YMCA of Greater Erie. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA of Greater Erie, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA of Greater Erie. I give my consent that any photographs, videos, interviews, etc. of myself or my family may be used in promotional material such as brochures or newspaper releases. I understand that I will not be given notice or reimbursed for such photographs.

---

Signature of Volunteer	Date
------------------------	------

---

Print Volunteer Name

---

Signature of Parent/Guardian if under 18 years old*	Date
---	------

At the Y, safety is our #1 priority. To protect our volunteers and our program participants, the Y now requires, as mandated by Pennsylvania State Law (PA Act 153) , both the Pennsylvania Child Abuse History Clearances and Pennsylvania State Police Criminal Record checks for certain volunteer positions which require the volunteer to have regular/habitual interaction with children as well as authority on behalf of the parent.

To find out if your position will require these additional clearances, review the requirements for each opportunity.

Attach all applicable forms to your application.

**THANK YOU FOR BEING HERE FOR OUR COMMUNITY**

