



YMCA of Marquette County  
1420 Pine Street  
Marquette, MI 49855  
Phone (906) 227-9622  
Fax (906) 227-9248  
[www.ymcamqt.org](http://www.ymcamqt.org)

## Volunteer Application

At the YMCA of Marquette  
County we build strong kids,  
strong families, strong  
communities

<b>P E R S O N A L</b>	Date: _____		
	Last Name: _____		First: _____ M.I. _____
	Address: _____		
	City: _____		State: _____ Zip: _____
	Home Phone: (     ) _____		Work Phone: (     ) _____
	Date of Birth: _____		Are you a member of the YMCA of Marquette County? Yes _____ No _____
	Email Address _____		Preferred Method of Contact Phone _____ Email _____

Available Start Date: \_\_\_\_\_

May we call or email you for other one time events or when we are in need? Yes \_\_\_\_\_ No \_\_\_\_\_

Please indicate which days and times you are available to volunteer

<b>H O U R S</b>		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	AM							
	PM							
	Evening							

<b>S E R V I C E</b>	Are you required to volunteer to satisfy a school requirement? YES _____ NO _____	
	Name of School _____	
	If yes, how many hours? _____ Deadline _____	
	Are you required to volunteer by court order? YES _____ NO _____	
If yes, how many hours? _____ Deadline _____		

Have you ever been convicted of a crime (misdemeanor or felony)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please list each offence and the year you were charged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Name (Please print legibly)

Signature

Date

Parent/Guardian (Please print legibly)

Signature

Date

\*\*If under 18 years old\*\*

## Volunteer Waiver and Release of Liability

I(name)\_\_\_\_\_of(address)\_\_\_\_\_

(phone)\_\_\_\_\_ am offering my services to the YMCA of Marquette County on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I hereby waive, release and discharge any and all claims, demands, actions of any and every nature whatsoever that I may have for any and all loss, damages for death, personal injury or property damage against the YMCA of Marquette County, its board of directors, officers, employees, servants and all persons connected with the YMCA of Marquette County as a result of my participation in any and all volunteer events or assignments.

I further understand that accidents and injuries can arise out of this activity; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the YMCA of Marquette County and persons mentioned above, who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

This release is intended to discharge the YMCA of Marquette County, its board of directors, officers, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation any volunteer event or assignment, even though that liability may arise out of the negligence of the carelessness on the part of the YMCA of Marquette County or persons mentioned above.

I further agree to indemnify, hold harmless and defend the YMCA of Marquette County, its board of directors, officers, employees, servants and all persons connected with the YMCA of Marquette County from any and all actions, claims and demands of any nature whatsoever in any manner arising out of my volunteering at the YMCA of Marquette County or any sponsored YMCA activity that is off site.

It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_