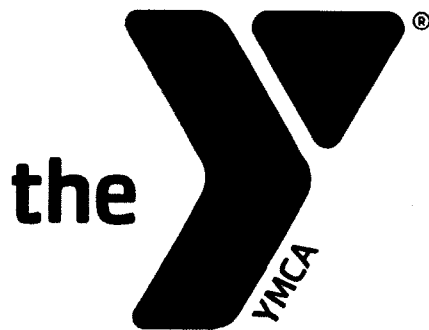


# TWIN PIKE FAMILY YMCA STUDENT (UNDER 18) VOLUNTEER PACKET

- Volunteer Select Plus Form
- Must provide copy of Driver's License (if of age) and Social Security Card
- Student Volunteer Reference Request Form



**We appreciate your willingness to volunteer in our program. In an effort to keep all kids safe, it is necessary that we run these required background checks. Thank you.**

**NOTICE AND AUTHORIZATION CONCERNING CONSUMER  
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the Twin Pike Family YMCA ("Organization") may request consumer reports or investigative consumer reports in connection with your application for employment or volunteering, or at any time during the course of your employment or volunteering with the Organization, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee or volunteer. Additionally, in the event that claims or disputes between you and the Twin Pike Family YMCA are filed with any third parties, the Organization may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ or volunteer of the Organization at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances.

**AUTHORIZATION**

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Twin Pike Family YMCA (1) in conjunction with my application for employment or volunteer, (2) during the entire course of my employment or volunteering, if any, and (3) after any such employment or volunteering ends. I further understand that any and all information contained in my job or volunteer application or otherwise disclosed to the Twin Pike Family YMCA by me before, during or after my employment or volunteering, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Organization and confirm that all such information provided in connection with my job or volunteer application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or the opportunity to volunteer or a promise of continued employment or volunteering. If employed by the Twin Pike Family YMCA, or if I volunteer at the Twin Pike Family YMCA, my employment or volunteering will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the Twin Pike Family YMCA.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of County in which you reside

\_\_\_\_\_  
Date of birth (mm/dd/yy)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Student Volunteer Reference Request

**Volunteer Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Once a volunteer reaches the age of 18 the adult background checks must be done.**

## Reference #1

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_ **How long have you known the volunteer?** \_\_\_\_\_

**Is there any other information that you would like to share about the applicant's capabilities?**

## Reference #2

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_ **How long have you known the volunteer?** \_\_\_\_\_

**Is there any other information that you would like to share about the applicant's capabilities?**

## Reference #3

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_ **How long have you known the volunteer?** \_\_\_\_\_

**Is there any other information that you would like to share about the applicant's capabilities?**

All information requested from references will be kept confidential. This information is for YMCA use and will not be used by or given to any other parties.

\_\_\_\_\_  
**Site Coordinator/Program Director Signature**

\_\_\_\_\_  
**Date**