



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH SPORTS VOLUNTEER APPLICATION

Thank you for your interest in becoming a Missoula Y youth sports volunteer! We're excited to have you be a part of our community. **Please note:** Completion of application does not guarantee a volunteer position with the Missoula Y.

Volunteer Information:

Name: _____ Date: ____/____/____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: ____/____/____

Have you ever been convicted of a crime?: No Yes (explain) _____

Team Placement:

Days Available: Mon Tues Wed Thurs Fri Sat Sun Times Available: _____

Program Preference: Boys Girls Younger Children Older Children Coaching Officiating/Refereeing

Is there a specific child, team, or school group that you would like to coach? Please list: _____

Have you played this sport before?: Yes No Have you coached this sport before?: Yes No

References:

Please provide two references. At least one must be a professional or school reference.

Name: _____ Phone: _____ Relation To You: _____

Name: _____ Phone: _____ Relation To You: _____

Emergency Contact:

Name: _____ Phone: _____ Relation To You: _____

I understand that as a volunteer I am required to do the assigned tasks that come with the position I have volunteered for. I understand that by volunteering with the Greater Missoula Family YMCA that I am required to follow their policies and procedures and to act in such a manner that represent the Y's four core values of Caring, Honesty, Respect, and Responsibility. I understand that failure to do so may result in my not being able to continue to volunteer with the Greater Missoula Family YMCA. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from volunteer employment or removal of my application for consideration. I authorize the Greater Missoula Family YMCA to secure information about my experience with current and former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from. By entering my name and signature on this form, I certify that I have read and understand the foregoing and to the best of my knowledge and belief, the information in this application is true and correct. **I understand that I am subject to and agree to a background check.**

Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

(Parent/guardian signature required for volunteers under 18 years old)

UPDATED: DECEMBER 2018