



WHERE THE COMMUNITY COMES TOGETHER

VOLUNTEER APPLICATION

Welcome to the Greenwich Youth Center. Our Goal is to Empower & Enrich the youth of Greenwich in a safe and nurturing environment. Through the support of the community and through volunteers we are able to provide various programs and activities. The role of the volunteer is to help mentor the youth, by sharing of your talents, skills and abilities in a supportive way. Volunteers can lead an instructional class, support existing programs, and help to enforce the rules of the GYC to maintain a safe atmosphere for all. Volunteers engage the youth and encourage them in positive and productive ways. Whether you play chess, cards, board games, like to sing or sew, there is a place for you. Please complete and return the Volunteer application to the Greenwich Youth Center.

Name:	Email:
Address:	DOB:
Home Phone:	Cell:

MEDIA COVERAGE: During any Greenwich Youth Center activity/event, media coverage (photography, video, interviews) may occur. Please check the box below if you prefer **not** to be included in our media campaigns. Be aware that some media coverage is beyond our control and may be advertised, but we will make every effort not to include you if you do not wish to be part of GYC media campaigns

PREFERRED DAYS/AVAILABILITY: FRIDAY _____ TO _____ SATURDAY _____ TO _____ SUNDAY _____ TO _____





VOLUNTEER APPLICATION

ALL VOLUNTEERS ARE REQUIRED TO COMPLETE THIS FORM. IT IS KEPT BY THE GREENWICH YOUTH CENTER AND IS UPDATED AS NEEDED. A BACKGROUND CHECK IS ALSO REQUIRED FOR ALL VOLUNTEERS AND IS SUBMITTED TO THE GREENWICH POLICE DEPARTMENT.

PLEASE PROVIDE ONE REFERENCE BELOW

NAME:

RELATIONSHIP:

PHONE:

MEDICAL RELEASE/WAVIER

I, _____, hereby release and waive the Concerned Citizens for Greenwich Youth CCGY, the Village of Greenwich, employees, agent representatives, officers and directors from any liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while I participate in the Greenwich Youth Center's programs, or while I travel to or from the Youth Center's Programs or activities. In case of an emergency I authorize any physician to perform any and all medical procedures which he/she determines to be medically appropriate under the circumstances.

MEDICAL CONCERNS/ALLERGIES (LIST) _____

AUTHORIZATION AND CONSENT FOR A PERSONAL AND/OR PROFESSIONAL BACKGROUND CHECK

I grant permission to and authorize CCGY, Citizens Committee of Greenwich Youth, New York and/or its agents to conduct a personal and/or professional background check on me for the purposes of employment/volunteering and/or to work with children/youth programs either directly or indirectly under the auspices of the CCGY. I understand this information and any report from it is strictly confidential. At this time, and until informed in writing to the contrary, I hereby authorize and direct the release to CCGY, and its authorized agents any information concerning: employment, education, criminal record, allegations of abuse or sexual harassment, and/or any other relevant information. I hereby release and agree to hold harmless from liability any person or organization that provides information to the CCGY, New York, and its employees, officers and directors, or and authorized representatives as a result of this authorization and consent. I grant authorization and consent to the CCGY to conduct a criminal background check, conviction records check, abuse registry check, and driving record check for the purpose of employment/volunteering or membership service to the CCGY. I understand and agree that statements and/or omissions regarding past conduct and/or present will be dealt with through CCGY.

SIGNATURE:

DATE:

----- **STAFF USE ONLY** -----

ENTER DATES BELOW:

APPLICATION _____ ORIENTATION _____

BACKGROUND CHECK _____ INTERVIEWED BY _____