



YMCA of Greater Williamson County

Volunteer Application

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the promotion of our mission, vision, and values. Without volunteers, we would not be able to meet the needs of the kids, families, and adults who live in Williamson County.

OUR MISSION: *To put Christian principles into practice through programs that builds healthy spirit, mind and body for all.*

OUR VISION: *We build strong kids, strong families, and strong communities.*

OUR VALUES: *Caring, Faith, Honestly, Respect and Responsibility.*

- **All applicants must submit a copy of the front of your driver’s license with application. The front desk staff can make a copy for you.**
- **Application and background checks must be completed before any individual may become a volunteer at our Association.**
- **You may submit your volunteer application to either of our branches or mail it to:**
 YMCA of Greater Williamson County
 PO Box 819
 Round Rock, TX. 78680.

For office use only:	
Director Signature: _____	Date: _____
Process application for _____ position at _____ branch.	
Comments: _____	

If you have any questions about any part of the application process, please contact Human Resources at 615-5549.



Background Investigation Consent Form

Following you will find questions regarding your background and former residences. This information is used in processing criminal background checks and references on all applicants. Please complete this form as part of your required background check for volunteer services with the YMCA of Greater Williamson County.

PLEASE PRINT

Name _____ Other names you have used _____
Last First M.I.

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Driver's Lic. # _____ State Issued _____ Expiration Date _____ Date of Birth _____

RESIDENCES IN LAST 7 YEARS
INCLUDE PERMANENT AND TEMPORARY ADDRESSES.
(Start with current address going back 7 years.)

Current physical

address: _____ years _____ months
Street City State Zip

address: _____ years _____ months
Street City State Zip

address: _____ years _____ months
Street City State Zip

address: _____ years _____ months
Street City State Zip

I hereby certify that all information above is complete and accurate, and I hereby authorize the release of any information regarding my background (criminal history), employment history and education. I release the YMCA of Greater Williamson County and its agents from any and all liability arising as a result of the verifications.

Signature _____ **Date** _____

