

References

Please list two people whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name _____ Address _____
Telephone _____ Relationship to you _____
How long have you known this reference? _____

2. Name _____ Address _____
Telephone _____ Relationship to you _____
How long have you known this reference? _____

As a condition of volunteering, I give permission to the Fayette County Family YMCA to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the YMCA receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Fayette County Family YMCA, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the YMCA is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to expiration of my term, I am subject to suspension by the YMCA staff and/or Board of Directors for violation of YMCA policies.

Your signature _____ Date _____

Parent's or guardian's signature (if you're under 18) _____

Date _____