



**YOUTH NATIONAL VOLLEYBALL ASSOCIATION
Volunteer Application Form**

**Please complete this Volunteer Application and e-mail to volunteer@theynva.org or you may mail it to:
YNVA Administrative Offices
82753 Odium Drive
Indio, CA 92201**

All fields must be completed accurately prior to becoming a (YNVA) volunteer. Please **PRINT clearly and indicate N/A on all information that does not pertain to you.**

First Name: _____

Last Name: _____

Apt or Suite Number: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone Number: _____ **Cell Telephone:** _____

Pager Telephone Number: _____ **Business Telephone:** _____

E-mail Address: _____

Spouse Name: _____

Spouse's Home Phone: _____ **Spouse's Business Phone:** _____

Emergency Contact Information:

First Name: _____

Last Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Education Information: (Please fill in and/or check information based on your current level of education.)

I have completed: ___ High School ___ Some College ___ College
If applicable, please list the college that you are attending now:

If applicable, please check what academic year you are currently in:
_____ Freshman _____ Sophomore _____ Junior _____ Senior

I have completed or am finishing Graduate School: _____

I need volunteer hours for school/college credit: _____ How many? _____

Please list the name of the college/university you graduated from:

Employment Information:

Employer

Position

Health Information: (Used in case of an emergency)

Physician's Name:

Telephone Number: (____) _____

Please list the medications that you are currently taking:

Is there any health reason that might limit your ability to volunteer? Yes ___ No ___

If yes, please describe:

Information about your volunteer preference and interests:

Please check one or more of the volunteer positions that interest you
(See Web link on **Volunteer Responsibilities.**)

- Head Coach
- Assistant Coach
- Sponsor Director
- First-Aid Director
- Score Keeper
- Registration Assistant
- Field Set-Up Director
- Promotional Distribution Director
- News Release Director
- Photographer
- New site Location Director

Please describe briefly why you are interested in volunteering for the YNVA

Please list your experiences or skills that relate to the preference indicated previously:

Please list your current volunteer roles with the YNVA and location. List your volunteer roles:

Because you will be working with youth the YNVA reserves the right to conduct state and federal background checks and ask the following questions.

Have you ever been arrested for conducting or attempting to conduct a sexual offense?

_____ Yes _____ No

If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from consideration. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at YNVA programs, you agree to notify our Administrative office at contact@theynva.org and failure to do so may result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor? _____ Yes _____ No

Application information

I certify that all information in this application is true and complete.
I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

Background investigation

I understand, in consideration of my application, a background investigation may be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize the YNVA should they wish to conduct the background investigation and release YNVA from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services with the YNVA.

I have read and understand the above statements and by my signature consent to these statements.

Volunteer Name: _____
(Please Print)

Applicant Signature

Date

Welcome to our Volunteer Program. As a volunteer, no matter what your individual assignment, you will be part of the YNVA team dedicated to excellent service to all of our participants. You will be helping to *build positive character and enrich the lives and health of our youth.*