

OFFICE USE ONLY
Verified ID Y N
WSP Cleared Y N
Compass Y N
Date: _____
By: _____

YWCA Olympia Volunteer Application

Drop off at YWCA (220 Union Ave SE, Olympia) or send to ywca@ywcaofolympia.org

Last Name: _____

First Name: _____ Middle Name: _____

Other name, birth name, former name(s) _____

Pronouns: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Which is your primary phone of contact: Home Phone Cell Phone

Photo Release

I give permission for publication of photos of myself in publications produced by YWCA Olympia including but not limited to the agency website, social media accounts, e-newsletters, and donor/sponsor materials. I understand that I will not be paid any royalties or other compensation, and I give up any and all rights I may have to payment if my photo is published. Further, refusal to consent to photos will in no way affect the services I may receive now or in the future. If I have any questions or wish to withdraw my consent in the future, I can do so at any time by contacting YWCA Olympia. I further understand that any withdrawal of consent will not affect any publications that occurred prior to my withdrawal of consent. By signing this form below I confirm that this consent has been explained to me in terms that I understand and that any questions I may have had have been answered to my satisfaction.

Signature: _____ Date: _____

*Decline photo release

TURN OVER 



Confidentiality Agreement

I understand that by virtue of my position as a volunteer for YWCA Olympia that I may have access to certain private and confidential information about clients and families we serve as well as YWCA employees and donors. All information obtained will be strictly for the purpose of performing my duties as a volunteer. I promise to maintain strict confidentiality with respect to private and confidential information I have learned through my volunteer activities. Violation of this confidentiality agreement will be cause for my immediate dismissal as an approved volunteer at the YWCA Olympia.

I, the undersigned, agree to maintain strict confidentiality with respect to private and confidential information I obtain by virtue of my position as a volunteer for the YWCA Olympia.

Signature: _____ Date: _____

Background Check Information

The YWCA does not allow any individual with a criminal conviction for abuse, sex crimes, theft or fraud to volunteer. Background checks are required.

Please answer yes or no to the following questions (pursuant to RCW 43.43.830):

1. Have you ever been convicted of a crime? ___ Yes ___ No If YES:
 - Have you ever been convicted of a crime or had findings made against you for sexual abuse, exploitation, or physical abuse? ___ Yes ___ No
 - Have you ever been convicted of any crimes relating to drugs? ___ Yes ___ No
 - Have you ever been convicted of any crimes related to financial exploitation, including extortion, theft, fraud, robbery, or forgery? ___ Yes ___ No
 - Do you currently have any outstanding criminal charges or warrants against you in WA or in any other state or country? ___ Yes ___ No

I, the undersigned, give YWCA Olympia permission to conduct a background check through the Washington State Patrol WATCH Program.

Signature: _____

Date of Birth: _____ (mm/dd/yyyy) Date: _____ (mm/dd/yyyy)

Hold Harmless Statement

The health, safety and well-being of volunteers participating in YWCA Olympia programs is of the utmost importance.

I do hereby agree and consent to participation in YWCA Olympia programs and do assume all risks and hazards which are part of the conduct of the associated activities. I hereby release, absolve, indemnify, and hold harmless YWCA



Olympia, their officers, directors, employees, contracted employees, independent contractors, instructors, agents, organizers, and volunteers of any and all liability for damage, injury, or expense of any kind arising out of or connected with my participation in YWCA Programs.

I understand that in case of a medical emergency, my own personal medical plan will be used. As a condition of participation in YWCA Programming, I acknowledge that I have read this consent form, and knowingly, assume all of the risks associated with participating in any way in YWCA Programming. I hereby release, to the fullest extent permitted by law the YWCA Olympia and their affiliates from any and all actions, claims, demands, or liabilities that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in these activities, irrespective of whether the same is based on breach of warranty, negligence, strict liability or any other theory of recovery.

Signature: _____

Date: _____

*If volunteer is under age 18, Parent/Guardian Signature:

Parent/Guardian Signature: _____

Date: _____

COMMENTS:

Rev 010820 crs Reviewed by Propel