



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

NEW ROCHELLE YMCA  
VOLUNTEER BACKGROUND CHECK AUTHORIZATION

In the New Rochelle YMCA's efforts to attract the highest quality volunteers and in the interest of our participants, I understand that an inquiry will be made concerning my prior employment, activities and character. This inquiry will include conviction criminal history information and information in my background related to child abuse. This inquiry may include information as to my motor vehicle record or other records, where appropriate, based on the position. I fully consent to and authorize all such inquiries and any future inquiries as deemed necessary. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued involvement is contingent upon my consent to a criminal history background check.

As a volunteer of the New Rochelle YMCA, I will comply with all policies set forth in the Personnel Policy Handbook and with other policies established from time to time by the organization.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I certify that I have never been convicted of, an offence involving moral turpitude, child abuse and neglect, or offences against another person. I understand that as a volunteer of the New Rochelle YMCA, I have an ongoing obligation to notify the CEO and HR Department in writing within 7 days of any criminal conviction (with the exception of parking tickets, expired inspection stickers, and other non-moving traffic violations).

I understand and agree that any misrepresentation or omission of facts would be considered for further involvement with the YMCA. Any misrepresentation or omission of facts discovered may be cause for termination as a volunteer with the YMCA.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this statement.

\_\_\_\_\_  
VOLUNTEER NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
EMAIL ADDRESS