



WORK STUDY

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Upon completion...Please return the application to:

ATTN: WORK STUDY @ Mahaska County YMCA

414 N Third St. Oskaloosa, Iowa 52577

info@mahaskaymca.org

The mission of the Mahaska County YMCA is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Have you participated in the Work Study program with the YMCA in the past? ☐ Yes ☐ No

If yes, when? _____ (school year)

It is our desire to match each work study student with the right service activity to best meet your education. Do you have a specific interest or department in mind?

Name:
Address:
Email:
Phone:
Best time to contact you:
Area of study

Our agency requires that we run a criminal background check and child abuse check prior to your selection as a Work Study. Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this or any other state? ☐ Yes ☐ No

Do you have a communicable disease or other health concern that could pose a threat to the health, safety, or well-being of the children? ☐ Yes ☐ No

For persons counted in staff ratio: (Child Care Department)

I have been informed of my responsibility as a mandatory reporter of child abuse and neglect.

☐ Yes ☐ No

Work Experience: _____

Volunteer Experience: _____

The information provided on this application is accurate to the best of my knowledge.

I hereby give permission for the listed requesting official to conduct a state or national criminal history check with the Division of Criminal Investigation and a Child Abuse and Dependent Adult Abuse History Check with the Department of Human Services.

Applicant Signature

Date

The Mahaska County YMCA will consider this application without regard to race, color, national, origin, gender, religion, age, creed, physical or mental disability or political belief.

MAHASKA COUNTY YMCA WORK STUDY ACKNOWLEDGEMENT - PLEASE READ CAREFULLY BEFORE SIGNING:

I understand as a Work Study Student, that I am not an employee of the Mahaska County YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Iowa Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE AT THE MAHASKA COUNTY YMCA.

Printed Name

Signature

Date

Emergency Contact: _____
Name

Telephone

Please mail or return completed application to the address at the top of page one.

Please indicate if you have a preference from the following departments:

- ☐ Aquatics (lifeguard / swim instructor)
- ☐ Early Learning
- ☐ Fitness Programs
- ☐ Facilities (maintenance)
- ☐ Member Services