



Henderson Family YMCA Henderson, North Carolina

Volunteer Application

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This application does not discriminate in the recruitment of volunteers on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be utilized. Volunteer consideration necessitates that you meet all conditions required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY. PLEASE PRINT)

PERSONAL DATA

Name _____ Date _____

Current Address _____

Telephone: Home ___/___/___ Mobile ___/___/___ Business ___/___/___

Email Address _____

Are you 18 years of age or over? Yes No

Emergency Contact: _____

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

GENERAL

Applying for volunteering position as _____

Dates Available _____

Worked / volunteered for any YMCA? Yes No

If so, when? _____

Please tell us why you want to volunteer at the YMCA: _____

STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or receiving school credit for your service? Yes No

If YES, name of school: _____ Is this a Service-Learning experience? Yes No

Number of hours needed: _____ Deadline to Complete Hours _____

Parent Signature: _____

PROGRAM VOLUNTEERS

Skills/Interests (Please check all that apply)

- _____ Reading Tutor
- _____ Arts & Crafts Instructor
- _____ Building Maintenance/Landscaping
- _____ Membership Service Representative
(tours, answering phone)
- _____ Aquatics
- _____ Special Events
- _____ Clerical (typing, filing, bulk mailing, etc.)
- _____ Coach/Assistant Coach
- _____ Other _____

Age categories you prefer working with (Please check all that apply)

- _____ Pre-school aged children
- _____ Elementary aged children
- _____ Teenagers
- _____ Adults
- _____ Senior Citizens

Please list the specific times you are available to volunteer at the YMCA

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

COMPLETE IF APPLYING TO VOLUNTEER WITH CHILDREN

Why do you want to work with children? _____

With what age group or sex do you prefer to work? Why? _____

What is your philosophy about discipline? _____

What do you do when you are upset or angry about something? _____

Other than through employment how are you involved with children? _____

COMPLETE IF APPLYING AS A VOLUNTEER COACH

What sport have you coached/played? _____

For which organization? _____

Do you have an age level preference? _____

Please explain why? _____

What areas of coaching do you feel you need training?

- | | | |
|--|--|---|
| <input type="checkbox"/> Rules | <input type="checkbox"/> Warm up and physical conditioning | <input type="checkbox"/> Developing Sportsmanship |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Motivating youngsters | <input type="checkbox"/> Organizing a practice |
| <input type="checkbox"/> Injury prevention/treatment | <input type="checkbox"/> Safety | <input type="checkbox"/> First-Aid |
| <input type="checkbox"/> Strategy | | |

EMPLOYMENT

Current or last employer _____ Employed from _____ to _____
 Street Address _____ Salary at start _____ to _____
 City _____ State _____ Zip _____ Telephone _____
 Name of your direct supervisor _____ Your title/position _____
 Briefly describe your responsibilities: _____

Any experience with children? Yes No If yes, please give description of children:
 Number of Children _____ Age Group _____ Sex: Male Female Both
 Any experience supervising staff? Yes No If yes, describe _____
 Reason(s) for terminating, or considering a change _____
 What did you like most about this job? _____
 What did you like least about this job? _____
 May we contact this employer while we are considering your application? Yes No

PERSONAL REFERENCES (Not Employers)

NAME AND HOME ADDRESS	COMPANY NAME/ADDRESS IF APPLICABLE	PHONE NUMBERS	KNOW IN WHAT CAPACITY? (friend, pastor, etc.)	HOW LONG KNOWN?

List below the names of relatives, friends, or acquaintances employed by this association and their relationship to you:

CONVICTION RECORD

READ CAREFULLY

The YMCA checks conviction records of all applicants for employment.

A conviction does not necessarily mean that the YMCA will reject your application. We consider the nature of the offense, your age at the time, how long ago the offense occurred, and the position for which you are applying, among other factors. However, a false answer to this question may disqualify you from further consideration, or result in your termination for satisfying your application

This question covers all crimes, including traffic offenses, except those traffic violations for which there was no final conviction (for example, you took a defensive driving course), or a fine of less than \$100 was paid

Have you ever been convicted of, or pleaded guilty or "no contest" to, any criminal offense? Yes No
If you answered "Yes", give dates, places, and details.

MINOR MEDICAL RELEASE FORM (Under 18)

Name _____
Address _____
City _____ State _____ Zip _____
School _____ Grade _____
Date of Birth _____ Social Security # _____
Parent / Guardian Name _____
Home Phone _____ Parent Work Phone _____
Parents Employer _____ Insurance Carrier _____
Policy Number _____ Pre-Admission Phone # _____
In Case of Emergency, Contact _____
Friend, Neighbor (if parent can't be located) _____
Phone _____

I hereby grant permission to any doctor or health care facility to take any actions deemed necessary to protect my health and well-being. This permission includes, but is not limited to, surgery and blood transfusions. I further agree that I will be responsible for payment for the services rendered, and I hereby agree to indemnify the YMCA and any of its employees for any expenses for caring for me. I recognize that the YMCA is not responsible for any medical decisions made by medical personnel, and I agree to hold the YMCA harmless for any actions taken by medical personnel.

Parent / Guardian Signature

Date

CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff/volunteer person be alone with a single child where he or she cannot be observed by others. As staff/volunteer supervise children, they should space themselves in such a way that other staff can see them.
2. Staff/Volunteers should never leave a child unsupervised
3. Restroom supervision: Staff/Volunteers will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff/Volunteers will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff/volunteers (not being alone with a child). If staff/volunteers are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff/Volunteers should conduct or supervise private activities in pairs – diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff/volunteers should be positioned so that they are visible to others.
5. Staff/Volunteers shall not abuse children including:
 - Physical Abuse – to strike, spank, shake, slap;
 - Verbal Abuse – to humiliate, degrade, threaten;
 - Sexual Abuse – to inappropriately touch or speak;
 - Mental Abuse – to shame, withhold kindness, be cruel;
 - Neglect Abuse – to withhold food, water, basic care, etc.
6. Staff/Volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff/Volunteers will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff/Volunteers will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a nonthreatening way. Any questionable marks or responses will be documented.
8. Staff/Volunteers respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.
9. Staff/Volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
10. Staff/Volunteers will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
11. While the YMCA does not discriminate against an individual's life-styles, it does require that in the performance of their job, they abide by the standards of conduct set forth by the YMCA.
12. Staff/Volunteers must appear clean, neat, appropriately attired and practice good hygiene.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during volunteer hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during volunteer hours is prohibited.

CODE OF CONDUCT (continued)

15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.
16. Staff/Volunteers must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff/Volunteers will portray appropriate role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff/Volunteers may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children home. Any exceptions require a written explanation before the fact and are subject to supervisor approval.
19. Staff/Volunteers are not to transport children in their own vehicles.
20. Staff/Volunteers may not date program participants under the age of 18 years of age.
21. Under no circumstances should staff/volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with YMCA).
22. Staff/Volunteers are required to read all signs and policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
23. Staff/Volunteers will act in a caring, honest, respectful, and responsible manner

Employee / Applicant Signature _____ Date _____

VOLUNTEER ACKNOWLEDGEMENT

- _____ I have received a copy of the YMCA Volunteer Emergency Procedures and Safety Practices and have
Initial read, understand and agree to abide by those procedures.
- _____ I understand that I am to immediately report accidents or injuries of myself and participants to the
Initial YMCA branch supervisor.
- _____ I understand that I am required by law to report known or suspected instances of child abuse to my
Initial YMCA supervisor and that not doing so is considered a misdemeanor.
- _____ I understand that if I use my automobile, I will not be reimbursed by the YMCA and that my personal
Initial insurance is my primary coverage.
- _____ I understand the policy of the YMCA is to refer all inquiries from the media or press to the
Initial appropriate YMCA staff person.
- _____ I understand the policy of the YMCA is to cooperate with the authorities in the investigation of
Initial suspected child abuse and molestation situations. I, as a volunteer, agree to cooperate with the
investigation as requested.
- _____ I agree to submit to drug and alcohol test on demand if asked.
Initial

PLEASE READ CAREFULLY

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies, and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with relevant information that may be required to arrive at a volunteer placement decision and hereby release any such schools, persons, employers, agencies, and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

I hereby give my permission for the YMCA to obtain information relating to my criminal record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history check at any time.

In the event I volunteer, I understand that all volunteers are subject to dismissal at the discretion of the YMCA. If, in the event I choose to cease volunteering, I am free to do so at any time.

I understand that, in the event I am a volunteer at the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that if selected to volunteer, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize the YMCA to supply my volunteer record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my selection, I will comply with all rules and regulations as set forth by the YMCA. I have read, understand and support the YMCA's position on the problem of child abuse.

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my placement with the YMCA.

Signature of Applicant

Date