

Date: \_\_\_\_\_

# VOLUNTEER APPLICATION



Thank you for considering the YMCA of Glendale as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them we wouldn't be able to meet the needs of the kids, families and adults who live in our community. At the YMCA, we know that your time and talent are precious, we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions on this form about your background, residences, places of employment and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA. Thanks for your cooperation in this effort and your interest in the YMCA of Glendale. If you have any questions about this or any part of the application process, please contact a representative of the Human Resources Department.

Name: \_\_\_\_\_  
First Middle Last  
Telephone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Previous Address, if less than two years at current address:**

Address: \_\_\_\_\_  
Street City State Zip

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last Name  
Cell Phone: ( ) \_\_\_\_\_ Home No: ( ) \_\_\_\_\_

**Current Employment Information:**  Check this box if not currently employed.  
\_\_\_\_\_  
Employer Position Supervisor ( ) Phone Number  
Address: \_\_\_\_\_  
Street City State Zip

**YMCA Past Volunteer Information:**  
**Have you ever volunteered for the YMCA? Or for other Organizations?**  Yes  No  
If Yes, please provide: Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

### Volunteer Interest And Availability

I am interested in Volunteering as a:  
 Basketball Coach  Gym Guardian  Aquatics  Membership Office  Camp Counselor  Other \_\_\_\_\_

What day (s) and hour (s) of the week are you able to work? (Please circle day of the week and indicate time)

**DAY:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday  
**TIME:** \_\_\_\_\_

Describe your formal/informal training and experience pertinent to the volunteer services you would provide:

Please explain why you are interested in volunteering? \_\_\_\_\_

**Educational Background, Certifications and Special Skills:**

*(Formal education is not required to be a volunteer. We welcome experience of all kinds! )*

Education Completed:  Junior High  High School  Trade or Business  College Course of Study: \_\_\_\_\_

Other Skills: (Caring for children, languages, computers, etc.) \_\_\_\_\_

**Are You Certified In:**  First Aid  CPR  Pediatric CPR  Lifeguard  **None**

When Driving Is Required:

- 1. Do you have a valid driver's license  Yes  No DL #: \_\_\_\_\_
- 2. Do you have a valid Class I I/B License  Yes  No

**References Not Related To You:**

Please give the names of 3 adult people not related to you who have known you for at least two years and a phone number and address where they can be reached. References must include immediate employer and /or any volunteer/employment involving supervision of children. References may include supervisors, co-workers, faith leaders or school counselors.

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
First Last Name

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
First Last Name

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_  
First Last Name

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City State Zip

**Personal References: Relatives Only.** List two references who are related to you.

Name	Title	Relationship To You	Telephone	# of Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Title	Relationship To You	Telephone	# of Years Known
_____	_____	_____	_____	_____

Please list the names of relatives, friends or acquaintances employed by the YMCA and their relationship to you:  
\_\_\_\_\_

**Background Clearance:**

**The YMCA will conduct a background check on all appropriate volunteers. Convictions are not an automatic disqualification to volunteering. However, failure to provide complete and accurate information relating to criminal convictions will result in termination of the volunteer relationship with the YMCA.**

Answering "yes" to the following question does not constitute an automatic bar to helping as a volunteer. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into action.

**Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?**  Yes  No

If yes, please provide date (s) and details: \_\_\_\_\_

Are you 18 years of age or over?  Yes  No (If no, please have your parent or guardian sign this application too)

**In accepting a volunteer position, I agree to adhere to the rules and regulations of the YMCA and verify that all of the above information is true to the best of my knowledge.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Required if Youth is Under 18 Years of Age

## Code of Conduct When Working With Children and Youth

1. In order to protect YMCA volunteers, staff and program participants at not time during a YMCA program may a volunteer or staff person be alone with a single child where they cannot be observe by others. As volunteers and staff supervise children, they should space themselves in a way that other staff can see them.
2. Volunteers and staff shall never leave a child unsupervised.
3. Restroom Supervision: Volunteers and staff will make sure suspicious or unknown individuals do not occupy the rest room before allowing children to use the facilities. Volunteers and staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If volunteers and staff are assisting young 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. Volunteers and staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, volunteers and staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including:
  - Physical Abuse - strike, spank, shake, slap
  - Verbal Abuse - Humiliate, degrade, threaten
  - Sexual Abuse - Inappropriate touch or verbal exchange
  - Mental Abuse - Shaming, withholding love, cruelty
  - Neglect - Withholding food, water, basic care, etc.Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Volunteers and staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Volunteers and staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined 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. Volunteers and staff will conduct a health check of each child, each day, as they enter the program, noting any fevers, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Volunteers and staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
9. Volunteers and staff 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 on areas of their body that would be covered by a bathing suit.
10. Volunteers and staff will refrain from intimate displays of affection towards others in the presence of children, parents and other volunteers and staff.
11. While the YMCA does not discriminate against an individuals lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.
12. Volunteers and staff must appear clean, neat and appropriately attired.
13. Volunteers and staff are not to transport children in their own vehicles.
14. Volunteers and staff may not date program participants under the age of 18 years old.
15. Under no circumstances should volunteers and staff 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 the YMCA or verified by a phone call).
16. A badge /name tag shall identify volunteers and staff involved in the direct care of children or uniform that is familiar to the children with whom they work. Children will be instructed not to go with persons not so identified.
17. Volunteers and staff are required to read and sign all policies related to identifying, documenting and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

**I understand that any violation of this Code of Conduct may result in termination.**

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian If Applicant  
Is Under 18 Years of Age

\_\_\_\_\_  
Date

## Volunteer Acknowledgement

### Please Read and Initial the Boxes As Indicated:

- I understand that I am to immediately report accidents or injuries involving myself or participants to my supervisor and that volunteer positions are not covered under Workman's Compensation Insurance.
- I understand that smoking or use of tobacco products, using, possessing or being under the influence of alcohol or illegal drugs is prohibited and will not be tolerated.
- I understand that if chosen for a volunteer position, I will not receive momentary compensation or membership to the YMCA as a benefit of volunteerism.
- I understand that I am required by law to report known or suspected instances of child abuse to my supervisor or CEO and it is the policy of the YMCA of Glendale to cooperate with authorities conducting investigations of suspected child abuse. I understand the YMCA makes an active effort to prevent child abuse and this requires that all volunteers attend Child Prevention Training on an annual basis.
- I understand that all volunteers are subject to dismissal at the discretion of the YMCA and volunteer positions are for no specified term. If in the event I choose to cease volunteering, I am free to do so at any time. I understand that if YMCA programs are dependent on my agreed attendance, I will give the YMCA ample notice of intention to cease volunteering.
- I understand that if selected to volunteer, any misrepresentation made by my completion of this application shall be considered as sufficient cause for my dismissal without advance notice. I understand that in the event of my selection I will comply with all rules and regulations set forth by the YMCA. The YMCA of Glendale is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap, or national origin.
- I understand that volunteers will not fraternize with children outside the program, including babysitting or inviting children home. No exception will be made. 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 and understand the Volunteer Acknowledgement:

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian If Applicant  
Is Under 18 Years of Age

\_\_\_\_\_  
Date



