YMCA of Greenville

VOLUNTEER APPLICATION

We build strong kids, strong families, strong communities

PLEASE READ BEFORE COMPLETING THIS APPLICATION
This association does not discriminate in the recruitment and placement of volunteers on the bases of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application 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 _____
Last First Middle

Current Address _____ Telephone: Home_____/ _____
Street City Zip

Business_____/ _____

Previous Permanent Address _____ _____to _____
Street City Zip Dates living at this address

Email Address _____

List other cities, counties and states where you have lived or worked:

City	County	State	Number of Years	City	County	State	Number of Years
City	County	State	Number of Years	City	County	State	Number of Years

Are you 18 years of age or over? Yes ❑ No ❑ Are you a veteran? Yes ❑ No ❑ _____
If Yes, Dates of Military Service

Other names used during prior employment _____
Maiden Name, Other Summaries, Etc.

Emergency Contact: _____
Name Phone Relation to Applicant

VOLUNTEER

Rev. 1/05

EMPLOYMENT

LIST ALL POSITIONS YOU HAVE HELD. BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK.

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 ❑

Next previous 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 ❑

Next previous 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 ❑

VOLUNTEER

NOTE: Formal education is NOT required to be a volunteer. We welcome experience of all kinds.

EDUCATION	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRADUATED?	DEGREE RECEIVED
High School		From _____ To _____			
College		From _____ To _____			
College		From _____ To _____			
College		From _____ To _____			
Trade, Certificates or Others		From _____ To _____			

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?
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		

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

_____

_____

_____

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GENERAL

Applying for volunteer position as _____

YMCA Branch _____ Dates available _____

Have you previously applied for employment/volunteering in any YMCA? Yes ❑ No ❑

Worked/volunteered for any YMCA? Yes ❑ No ❑

If so when? _____ Location _____

How were you referred to the YMCA? ❑ Employee ❑ Advertisement ❑ School ❑ Drop In ❑ Agency ❑ Other

Name of referral source indicated above _____

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position?

Yes ❑ No ❑ If yes, give dates and circumstances _____

VOLUNTEER

GENERAL

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

_____

_____

_____

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 or 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 _____

Parent's 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

VOLUNTEER

GENERAL SPECIAL SKILLS

List all current special license(s), permit(s), certification(s) and level or credited hours. (CPR, lifeguard, First Aid, etc.)

Type	Level	Expiration Date

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience _____

_____

_____

_____

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CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff should never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff 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 (not being alone with a child). If staff 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 should conduct or supervise private activities in pairs–diapering; putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff 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.
   No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff 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 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 respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.

VOLUNTEER

CODE OF CONDUCT (CONT.)

9. 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 in areas of their bodies that would be covered by a bathing suit.
10. Staff 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 will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat, and appropriately attired.
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.
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 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 will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes baby-sitting, sleep overs, and inviting children home. Any exceptions require a written explanation before the fact and are subject to supervisor approval.
19. Staff are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstances should 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).
22. 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.
23. Staff will act in a caring, honest, respectful, and responsible manner.

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

Employee/Applicant Signature _____ Date _____

VOLUNTEER

POLICY VOLUNTEERS

Previous/Current YMCA Experience: _____

_____

Other Civic Affiliations: _____

_____

STUDENT VOLUNTEERS

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

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

Number of Hours needed: _____ Deadline to Complete Hours: _____

Parent Signature: _____

PROGRAM VOLUNTEERS

Skills/Interests (Please check all that apply)

_____ Van Driver
_____ 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
_____ Team "Mom"
_____ Sports Official
_____ Other_____

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

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

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

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

COMPLETE IF APPLYING TO VOLUNTEER WITH CHILDREN

Why do you want to work with and care for 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? _____

_____
_____
_____
_____

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

GREATEST STRENGTHS

1. _____
2. _____
3. _____

MOST DIFFICULT PROBLEMS

1. _____
2. _____
3. _____

VOLUNTEER

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?

- ❏ Rules
- ❏ Strategy
- ❏ Safety
- ❏ First Aid
- ❏ CPR
- ❏ Warm up and physical conditioning
- ❏ Communication with Parents/Players
- ❏ Developing sportsmanship
- ❏ Injury prevention/treatment
- ❏ Motivating youngsters
- ❏ Organizing a practice

VOLUNTEER ACKNOWLEDGEMENT

_____ Initial — I have received a copy of the YMCA Volunteer Emergency Procedures and Safety Practices and have read, understand and agree to abide by those procedures.

_____ Initial — I understand that I am to immediately report accidents or injuries of myself and participants to the YMCA branch supervisor.

_____ Initial — I understand that I am required by law to report known or suspected instances of child abuse to my YMCA supervisor and that not doing so is considered a misdemeanor.

_____ Initial — I understand that if I use my automobile, I will not be reimbursed by the YMCA and that my personal insurance is my primary coverage.

_____ Initial — I understand the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person.

_____ Initial — I understand the policy of the YMCA is to cooperate with the authorities in the investigation of suspected child abuse and molestation situations. I, as a volunteer, agree to cooperate with the investigation as requested.

VOLUNTEER

PLEASE READ CAREFULLY BEFORE SIGNING

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 volunteer by 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