Date:_____

YMCA of Glendale
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 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 11/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.

Professional References Not Related to You.

List names and telephone numbers of three professional references who are not related to you. References may include supervisors, co-workers, faith leaders or school counselors.

Name Title Relationship To You Telephone # of Years Known

- _____
- _____
- _____

Personal References - List two references who ARE NOT RELATED to you.

List two references who NOT are related to you.

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 re porting 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 baby sitting 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 Date
Is Under 18 Years of Age

YMCA of Glendale
Background Check Authorization

Disclosure to Applicant/Employee/Volunteer that a Consumer Report may be obtained by Employer

In compliance with Public Law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Reporting Reform Act of 1996) and applicable state law, this notice is to inform you that a Consumer Report may be obtained in connection with your application for employment or ongoing employment with the Employer. "Consumer Reports" include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

_____ _____ _____

Signature of Applicant/Employee Print Name Date

Authorization for Employer to obtain a Consumer Report

My signature below represents my voluntary authorization for the Employer, including its agents and representatives, to obtain a Consumer Report on me for use in connection with my application for employment or ongoing employment with the Employer. I acknowledge and certify that the Employer has provided me a written disclosure that a Consumer may be obtained on me, and that I have received a copy of the written disclosure as well as a copy this authorization. I understand that the term Consumer Report includes but is not limited to credit reports, criminal background checks and motor vehicle reports. If hired or currently employed, I understand that this authorization will serve as on going authorization for a Consumer Report to be obtained at anytime in connection with my employment.

_____ _____ _____

Signature of Applicant/Employee/Volunteer Print Name Date

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Full Name (Please Print) _____
First Middle Last

Maiden Name or Other Names Used: _____

Address: _____ How Long? _____
Street City State Zip

Out of State Address (If any)_____ How Long? _____
Street City State Zip

Out of State Address (If any)_____ How Long? _____
Street City State Zip

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ -_____

Driver's License or ID Number: _____ State of License: _____

Proof of Identity - Please Provide a Copy of Your Drivers License, School ID or Birth Certificate.

☐ Copy of Drivers License or ID

For Internal Use Only

- ☐ Background Authorization Form is signed and completed in full.
- ☐ Copies of Drivers License, School ID or Birth Certificate
- ☐ Background check has been run. Approved and cleared.
- ☐ Information has been reviewed and Approved by HR Assistant.
- ☐ Information has been reviewed and Approved by Director of Human Resources
- ☐ Information has been referred to CEO for Approval.

Release and Waiver and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Glendale for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs and next of kin hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities and equipment thereon and such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts as being safe and reasonably suited for the purpose of such observation, use or participation.

In further consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. The undersigned hereby assumes full responsibility for and risk bodily injury, death or property damage due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue if full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement and further agrees that no oral representations statements or inducement apart from the foregoing written agreement have been made.

I have read this release and agreement.

Volunteer's Name (Please Print): _____
First Middle Last

Volunteer's Signature: _____ Date: _____

_____ _____
Signature of Parent or Legal Guardian if Applicant Is Under 18 Years of Age — Date