



Member
 Non-Member

Volunteer Application

Personal Information

Volunteer Position _____

Name _____
 Last Name, First Name, Middle Initial

Date _____

Address _____ Email: _____
 Street Number & Name City Zip Code

Telephone Numbers (please indicate home, work, cellular, etc.) _____

Current Occupation _____ Employer/School _____

Are you 18 years of age or older? Yes _____ No _____ If no, what is your birth date? _____

Have you ever volunteered for a YMCA or been employed by a YMCA? Yes _____ No _____
 If yes, please indicate which YMCA(s), what you did there and when:

YMCA Name	City & State	Job/Volunteer	Dates Employed/Volunteered
1			
2			

Have you been convicted of any criminal offense (other than a juvenile offense which has been expunged from your record), or have been released from prison in the last 10 years? Yes _____ No _____
 If yes, please describe in full:

Why do you want to volunteer? (Please check all that apply)

- _____ Do something good
- _____ Church program requirements
- _____ Meet new people
- _____ Gain experience in a desired field of work
- _____ Internship requirements
- _____ School graduation requirements
- _____ Use or develop skills unrelated to work
- _____ Other (please specify) _____

Availability

How many hours per week do you wish to commit to a YMCA volunteer assignment? _____

If not a weekly volunteer assignment, what schedule can you commit to? _____

How long will your initial commitment to YMCA volunteer work be? _____

_____ Six months _____ a year other: _____

Please use the grid below to indicate your current availability for a YMCA volunteer assignment

Time of Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Related Background Information

Training, Formal Education or Certifications You Can Apply as a YMCA Volunteer _____

Paid or Volunteer Work Experience You Can Apply as a YMCA Volunteer _____

Skills or Interest You Can Apply as a YMCA Volunteer _____

Reference

Please supply work, volunteer or personal references. Do not list relatives or household members.

Name	Relationship to You	Address	Phone Number(s)

In case of emergency, who should we contact (name, relationship to you, phone number(s)?)

I certify that the information contained herein is correct to the best of my knowledge and understand that falsification of information or omission of significant information may be grounds for dismissal. I authorize the YMCA to investigate and verify the information I have submitted on this candidate form. I agree to conform to the rules and regulations of the YMCA and the State of Florida and acknowledge that these rules and regulations may be changed at any time, at the YMCA's sole option and without prior notice.

I specifically assume all risks of injury arising out of my presence on or about the premises, or my use or intended use of the equipment and facilities, or my participation in the activities of the YMCA, a Florida corporation, and do hereby for myself and my heirs, executors and administrators waive, release and agree to hold free from all claims for damages the YMCA and its respective officers, directors, Board of Trustees, members, employees or agents. I understand that the YMCA is not responsible for personal property lost or stolen while volunteering on YMCA premises. I give my permission to the YMCA to use my image, name, likeness, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs. I agree this waiver includes releasing the YMCA for all actions, specifically including claims based on the negligence of the YMCA or its employees and agents.

I understand that I am offering my services to the YMCA without compensation. It is the policy of the YMCA to conduct criminal history background checks for individuals who participate in volunteer activities. Additionally, as an applicant to become a YMCA volunteer or subsequent to being approved as a YMCA volunteer you may be randomly selected to submit to the digital fingerprinting process as conducted by the YMCA. By submitting this application, I understand and agree to and have reviewed the entire application and have provided correct information.

Volunteer Candidate Signature _____
(Parent or Guardian if under 18)

Today's Date _____

Volunteer Code of Ethics and Rules

1. Smoking or use of tobacco products in the presence of children is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Volunteers shall not abuse children including:
 - Physical Abuse - strike, spank, shake, or slap
 - Verbal Abuse -humiliate, degrade, threaten
 - Sexual Abuse - including inappropriate touching and exposure
 - Mental Abuse
4. Volunteers must treat children of all races, religions, and culture with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
9. Gifts over the value of \$25.00 given to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect children's health, including fever and contagious conditions.
11. Volunteers will portray a positive role model for youths by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, and maturity.
12. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a YMCA child other than their own. In fact, caring for any YMCA child other than their own, on a one-on-one basis such as baby-sitting is prohibited.
13. Volunteers will never transport participants in their own vehicle.
14. Volunteers will not fraternize with YMCA youth participants away from the YMCA. However, if Y volunteers have children that have YMCA participants as friends, the Y volunteer must obtain permission from the YMCA youth participants' parents to fraternize with their children. If the YMCA learns of a violation of this policy, the violation may be grounds for removal as a volunteer.
15. Florida law requires that all citizens report any suspected abuse or neglect of a child to the Florida Department of Children and Family Services and the local law enforcement agency.
16. I understand that as a volunteer for the YMCA, I will be subject to a background check, including criminal history.
17. I have been informed of the YMCA's position regarding child abuse and have read and understand the Y of the USA's Child Abuse Prevention Code of Conduct. I understand that in addition to the mandates described in this Volunteer Code of Ethics and Rules, the YMCA will, among other things, conduct a thorough check of my background and conduct periodic interviews/evaluations with children and parents to encourage reports of anything out of the ordinary.
18. I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the Florida Department of Children and Family Services and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to the full extent of the law under the laws of the state of Florida.

I understand that any violation of this Code may be grounds for removal as a volunteer. Being fully aware of the matters contained within the Volunteer Code of Ethics and Rules, I still desire consideration as a volunteer for the YMCA.

Volunteer/Coach Signature: _____

Date: _____

Volunteer/Coach Name (print): _____

Volunteer Acknowledgement Agreement

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, parents, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any 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 history 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 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 also understand that, if selected to volunteer, any misrepresentation made by me completing this application will be considered as sufficient cause for my dismissal without advance notice.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and Department of Children and Family Services.

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 understand that I am to immediately report accidents or injuries of myself and participants to a YMCA supervisor.

I understand that I am required by law to report known or suspected instances of child abuse to the Department of Children and Family Services at **1-800-962-2873**

I understand that if I use my automobile to travel to any locations, I will not be reimbursed by the YMCA, and my personal insurance is my sole coverage.

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

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

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

Signature of Volunteer

Date