



Volunteer Application for the YMCA of Greater Kalamazoo

HR Use Only: Location

Date _____

☐ Maple ☐ Portage ☐ Lincoln ☐ Northside ☐ Out-of-School Time ☐ Department: _____

☐ Department: _____

Applicant Information

All volunteers must complete the following form, volunteer onboarding through Praesidium Academy, and pass a reference check. *All volunteers must complete the following form.*

Name _____ Birth Date _____
First Middle Last

Are you at least 18 years old? ☐ Yes ☐ No

Sex _____ Gender _____ Telephone _____ Email _____

Address _____
Street City State Zip

Driver's License # _____ DL Issuing State _____

Maiden Names _____ Years Used _____

Other Names _____ Years Used _____

Employer History

Employer _____ Length of Employment _____

Phone Number _____ Supervisor _____

Employer _____ Length of Employment _____

Phone Number _____ Supervisor _____

Employer _____ Length of Employment _____

Phone Number _____ Supervisor _____

Do you have any relatives or household members currently working for this YMCA? ☐ Yes ☐ No

If yes, please list name(s) and relationship(s): _____

Preferred Volunteer Hours

| Please list times: | Morning | Afternoon | Evening |
|--------------------|---------|-----------|---------|
| SUNDAY | | | |
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |
| SATURDAY | | | |

Preferred Volunteer Hours (cont.)

Total Number of Hours per Week you are Available to Volunteer: _____ Desired Starting Date: _____

Anticipated Ending Date (if Applicable): _____

Education & Training

| | Name of School | City, State | Diploma Awarded | Degree | Major |
|--|----------------|-------------|---|--------|-------|
| <input type="checkbox"/> High School <input type="checkbox"/> GED | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress | | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress | | |
| Graduate School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress | | |
| Vocational or Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress | | |

Describe any non-employment experience such as school or volunteer activities that may strengthen your application:

Safety & Certifications

Please bring certifications if you are interviewed. Include certifications for group exercise instructor, tennis professional, personal trainer, Pilates instructor, ACE, AFAA, etc.

| Type (CPR, First Aid, CDA, Etc.) | Provider | Level | Expiration |
|----------------------------------|----------|-------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Volunteer Skills Assessment

☐ Aquatics ☐ Babysitting ☐ Fitness ☐ Housekeeping/Maintenance ☐ Sports/Coaching ☐ Office Work
☐ Preschool ☐ Events ☐ Other _____

Documentation

Will you require documentation of your volunteer experience? ☐ Yes ☐ No

Is volunteering a part of any academic requirement? ☐ Yes ☐ No

Have you ever been convicted of a crime or have pending charges? ☐ Yes ☐ No

If yes, please list state crime/date and explanation _____

Emergency Contact

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Agreement

The YMCA of Greater Kalamazoo provides equal opportunity to all, based upon individual merit and without regard to race, color, religion, national origin, sex, age, height, weight, family status, marital status, or disability which, if needing accommodation, may be reasonably accommodated as required by law.

I hereby affirm that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and references contacted by the YMCA of Greater Kalamazoo. Misrepresentation of facts constitutes cause for separation from our Volunteer Program. As a YMCA of Greater Kalamazoo volunteer, I understand and agree to uphold the high standards of service excellence maintained at the YMCA of Greater Kalamazoo. In doing so, I will conduct myself in a way that my behavior demonstrates the YMCA principles of:

- Integrity
- Health
- Diversity
- Collaboration

Signature

Date

YMCA of Greater Kalamazoo Employee and Volunteer

CODE OF CONDUCT

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. All staff/volunteers must receive public sex offender registry clearance before having any contact with a child. Any individual registered on the public sex offender registry is prohibited from having contact with any child in YMCA care. 2. In a YMCA program, staff/volunteer shall never leave a child unsupervised. 3. In order to protect YMCA staff, volunteers, and program participants – at no time during a YMCA program may staff/volunteer be alone with a single child where they cannot be observed by others. Private activities should be supervised or conducted in pairs – diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff/volunteer should be positioned so that they are visible to others. 4. Staff members are to make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Whenever possible staff members will stand in the doorway of the rest room while children are using the rest room. This policy allows privacy for the children and protection for the staff members. If staff members are assisting younger children, doors to the facility must remain open. <ol style="list-style-type: none"> a) YMCA Classes/Camps – With staff permission children can go to the bathroom as long as they remain in sight and sound of staff. If parents are in attendance (Youth sports) staff do not need to assist. b) Licensed Care Program – Must follow licensing rules for bathroom usage. c) Open YMCA Programs (teen center) – children are allowed to access the restrooms without staff. d) Field Trips – Kids 11 and under stay with their designated group and will use the bathrooms as a group. Children will remain in sight and sound of staff. Kids 12 and older may have permission to use the restrooms without staff, if NOT in a licensed program. 5. Staff/volunteer will respect everyone'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. 6. Staff/volunteer shall not abuse children including: <ul style="list-style-type: none"> • 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. <p>Any type of abuse will not be tolerated and may be cause for immediate dismissal/removal from staff/volunteer duties.</p> 7. Staff/volunteer must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff/volunteer 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. 8. Staff/volunteer 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 non-threatening way. Any questionable marks or responses will be documented. 9. Staff/volunteer will act in a caring, honest, respectful and responsible manner and will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity. Staff/volunteer will treat all people equally regardless of sex, gender, race, religion, culture. 10. Staff/volunteer may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval. | <ol style="list-style-type: none"> 11. Under no circumstance should staff/volunteer 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). 12. Staff/volunteer may not transport children in their own vehicles without parent permission and prior approval of Senior Management staff (at minimum, 2 staff required for transport). 13. Staff/volunteers may not single out children for favored attention. Any gifts received or given must be reported to your supervisor. 14. Unauthorized use of photos, video, or the YMCA or camp name is prohibited. Staff/volunteers are prohibited from taking or sharing photos of program participants or members without permission from their Supervisor, Director, Senior Director or Executive Director. 15. Staff/volunteers are prohibited from inappropriate electronic communication with participants and at no time shall Y employees or volunteers use personal cell phones to communicate directly with youth in Y activities. (for more information see the Child Safety Handbook) 16. Staff/volunteers will refrain from the use of personal mobile devices will supervising children. 17. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job or volunteer duties they will abide by the standards of conduct set forth by the YMCA. 18. Staff/volunteer must appear clean, neat, and appropriately attired. 19. Using, possessing, or being under the influence of alcohol or illegal drugs during working or volunteer hours or on program or camp premises is prohibited. 20. Smoking or use of tobacco in the presence of children or parents during working or volunteer hours and/or at the YMCA or on camp premises is prohibited. 21. 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. 22. Staff/volunteer must be free of physical or psychological conditions that might adversely affect a person's physical or mental health. If in doubt, an expert should be consulted. 23. Staff/volunteer will refrain from intimate displays of affection towards others in the presence of children, parents, and staff/volunteer 24. Adult staff/volunteer may not date participants in their program under the age of 18 years. 25. Staff/volunteers are prohibited from accessing, displaying, or possessing inappropriate information or pornography on the organization's property or equipment. (for more information see the Child Safety Handbook) 26. Staff/volunteer 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. 27. Staff/Volunteers are mandated by law to report child abuse and neglect to children's protective services. Such reports can be made verbally at 1-855-444-3911. Staff/volunteers should also report suspected abuse or neglect to their supervisor, senior management, or Human Resources. 28. All staff/volunteers will take every suspicious allegation of abuse seriously and will fully cooperate with any investigation and failure to do so may be grounds for termination. |
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I understand that abuse and neglect of children is against the law and have been informed of the Association's policies on child abuse and neglect. I understand that the complete Child Safety Handbook is available on the Association website and it is my responsibility to review it. I understand any questions I have about the Code of Conduct or Child Safety Handbook can be directed to my supervisor, or Human Resources. I understand any violation of this Code of Conduct or the Child Safety Handbook may result in termination of employment or discontinuation of volunteer duties.

Employee/Volunteer Signature

Date



CONFIDENTIAL: Background Check Authorization

Name _____ Birth Date _____
First Middle Last

Former Names (incl. Maiden name) _____

Social Security Number _____ Gender Identity _____ Sex Assigned at Birth _____

Race _____

The YMCA of Greater Kalamazoo adheres to strict confidentiality standards. This information is being requested because it is required for the background checks that we perform, as well as for government reporting. We know that this information can be sensitive. If you have any questions or concerns about this request, contact Human Resources at 269-345-9622 ext. 121 or email humanresources@kzoymca.org.

Phone Number _____ Email _____

Current Address _____
Street City State Zip County

Please list any former addresses within the last 7 years from application date, including address(es) lived, worked, or attended school.

Former Address _____
Street City State Zip County

Former Address _____
Street City State Zip County

Former Address _____
Street City State Zip County

Former Address _____
Street City State Zip County

Former Address _____
Street City State Zip County

Driver's License # _____ DL Issuing State _____

I hereby authorize the YMCA of Greater Kalamazoo and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or an investigative consumer report to be generated for employment/volunteer purposes. I understand that the scope of the consumer report/investigative previous residences, employment history, education background, character references, drug testing, civil and criminal records from any criminal justice agency in any or all federal/state/county/city jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written to me, to the YMCA of Greater Kalamazoo, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Signature _____

Date _____