



YMCA of Greater Kalamazoo Community Service Application/Release

NAME _____
Last First Initial

DATE _____

ADDRESS _____
Street

PHONE _____

_____ City State Zip Code

Court Contact _____ Title _____ Phone # _____

Nature of offense requiring community service _____

Have you ever been convicted of any other crime? ____ Yes ____ No If yes, please complete:

State crime and date _____

Are there any felony charges currently pending against you? ____ Yes ____ No

If yes, please explain: _____

Applicant will be provided the opportunity to complete court ordered community service for the YMCA of Greater Kalamazoo based on certain criteria. 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. The applicant's conviction history must show no evidence of:

1. Violence
2. Sexual abuse or assault
3. Murder/attempted murder
4. Child endangerment or any other child related conviction
5. Any other convictions the YMCA deems unsuitable for the organization

IN CONSIDERATION of being permitted to serve out the court order community service at the YMCA of Greater Kalamazoo in any purpose, including, but not limited to use of facilities, equipment, or off site facility 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 inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry in the YMCA for observation or use of any facilities or equipment or participation in 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 same 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 OF USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA it's directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may instigate or 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 releasees or otherwise. The YMCA will not be held responsible for any actions, crimes, or property damage committed or instigated by the applicant whether intentional or accidental.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AN RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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 applicant will not be offered or provided workers compensation through the YMCA and is responsible for all invoices, prescriptions, temporary or permanent injury, loss of income, and any other loss or damages due to injuries sustained while performing these services.

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 f the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WIAVER 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:

Signature of Applicant _____ Date _____

Signature of Parent (if a minor) _____ Date _____

TO BE COMPLETED BY Branch Director or designee

Placement: Branch _____ Supervisor _____

Jobs to be performed ☐ Maintenance and general housekeeping _____

Dates/Times to be provided to YMCA _____

Application/Release Signed _____ Criminal background check _____ State issued ID _____ Court forms _____

Number of Hours _____ Complete by _____ Timesheet _____

Start Date _____

YMCA of Greater Kalamazoo Employee and Volunteer – CODE OF CONDUCT

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| <ol style="list-style-type: none"> 1. 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. As staff/ volunteer supervise children, they should space themselves in a way that other staff/volunteer can see them. 2. In a YMCA program staff/volunteer shall never leave a child unsupervised. 3. Staff members are to make sure the rest room 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. 4. Staff/volunteer should conduct or supervise private activities 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. 5. 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 volunteer duties</p> 6. 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. 7. 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. 8. Staff/volunteer will respond to all people with respect and consideration and treat all children equally regardless of sex, race, religion, culture. 9. Unauthorized use of photos, video, the YMCA or camp name is prohibited. Staff/volunteers may not give participants their personal email or website address information. 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. 10. 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. 11. Staff members may not single out children for favored attention and may not give gifts to youth or their parents. | <ol style="list-style-type: none"> 12. At no time shall Y employees or volunteers use personal cell phones to communicate directly with youth in Y activities. Texting/emailing may be done ONLY if parents or supervisors are copied. 13. Staff/volunteer will refrain from intimate displays of affection towards others in the presence of children, parents, and staff/volunteer. 14. 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. 15. Staff/volunteer must appear clean, neat, and appropriately attired. 16. 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. 17. Smoking or use of tobacco in the presence of children or parents during working or volunteer hours and/or at the YMCA of Greater Kalamazoo or on camp premises is prohibited. 18. 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. 19. 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. 20. Staff/volunteer will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity. 21. 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. 22. 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). 23. Adult staff/volunteer may not date participants in their program under the age of 18 years. 24. 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). 25. 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. 26. Staff/volunteer will act in a caring, honest, respectful and responsible manner. 27. 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) 28. Staff/volunteers are prohibited from inappropriate electronic communication with participants. Inappropriate communication can include; Harsh, coercive, threatening, shaming, demeaning or humiliating comments, sexually oriented conversations, private messaging, posting pictures, and friending participants. (for more information see the Child Safety Handbook) 29. Staff/Volunteers have a legal and ethical duty to report suspected abuse to their supervisor, senior management, or Human Resources. Such reports can also be made anonymously by calling 1-855-444-3911. 30. All staff/volunteers agree to fully cooperate with any investigation and that failure to do so may be grounds for termination. |
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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



YMCA of Greater Kalamazoo Background Check Authorization

DISCLOSURE REGARDING CONSUMER REPORTS

The YMCA of Greater Kalamazoo ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, gathered by the consumer reporting agency and reported to the Company. These reports may contain, but may not be limited to, information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

ADDITIONAL STATE LAW NOTICES REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

The third party consumer reporting agency (CRA) providing the report is, or will be:

Out-of-State (outside of Michigan) Background Check:

Applicant Insight, Inc.
5652 Meadowlane Street
New Port Richey, FL, 34652
Website: www.applicantinsight.com/about/privacy.html
Phone: 1-800-771-7703

In-State Michigan Background Check:

ICHAT
Michigan State Police – CJIC
PO Box 30634, Lansing, MI 48909
Website: <https://apps.michigan.gov/>
Phone: 517-241-0606

If you live or work for the Company in any of the states listed below, please note the following:

Massachusetts applicants or employees only: You have the right to know if the Company requested an investigative consumer report about you, and you have the right to request a copy of such report by contacting the CRA identified above.

Minnesota applicants or employees only: You have the right, upon written request to the CRA, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The CRA must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

New Jersey applicants or employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the CRA identified above directly.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. Additionally, upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New Hampshire applicants or employees subject to state driving record requests: Your authorization for the release of your driving record is limited to no more than 2 years from the date of the execution of this document. As it relates to your driving record, you have the right to revoke this authorization at any time.

ACKNOWLEDGMENT AND AUTHORIZATION

REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the **YMCA of Greater Kalamazoo** ("the Company") at any time after receipt of this authorization and throughout the term of my employment., if applicable, to the extent permitted by law. In accordance with this notice, I hereby authorize, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Applicant Insight, Inc., 5652 Meadowlane Street, New Port Richey, FL, 34652, www.applicantinsight.com, 1-800-771-7703, ICHAT, Michigan State Police – CJIC, PO Box 30634, Lansing, MI 48909, 1-517-241-0606**, another outside organization acting on behalf of the Company, and/or the Company itself.

By signing below, I also acknowledge receipt of the (1) DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS, (2) ADDITIONAL STATE LAW NOTICES REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS, and (3) A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

New York applicants or employees only: By signing below, you also acknowledge receipt of ARTICLE 23-A of the New York Correction Law.

California applicants or employees only:

☐ Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Minnesota applicants or employees only:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants or employees only:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Applicants or employees of any state not referenced above:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Last name: _____ First name: _____ Middle name: _____

☐ I have no middle name

Signature: _____ Date: _____

INFORMATION ABOUT YOU REQUIRED FOR BACKGROUND CHECK

Applicants/Employees: Please provide the following information about yourself to facilitate a background check. Please note, all fields are required. When the "I have no middle name" is selected, Applicant Insight will process the corresponding services in a means consistent with the individual having no middle name. If no middle name ("NMN"), no middle initial ("NMI"), or some other similar text is provided, Applicant Insight will process the corresponding services in a means consistent with the individual having a middle name of "NMN" or "NMI". As such, should the screening or hiring process reveal identifying information inconsistent or contradictory with that provided below, the Company may classify your omission of that information as deliberate falsification.

Last name: _____ First name: _____ Middle name: _____

☐ I have no middle name

Other Names/Alias: _____

Include Maiden or Name Changes, No Direct Derivatives Ex: Susan vs. Sue, David vs. Dave

*Social Security: _____ *Date of Birth: _____

**This information will be used for background screening purposes only and will not be used as hiring criteria.*

Race: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ Hispanic ☐ White ☐ Other

Sex: ☐ Female ☐ Male **Michigan Residency (please circle one):** I have / I have not lived outside of Michigan in the past 10 years

Driver's License Number: _____ **DL State of Issuance:** _____

****Phone Number:** _____ ****Email Address:** _____

***This information will be used for correspondence related to the background check process when allowable by law*

Present Address: _____

City/State/Zip: _____

Signature: _____ **Date:** _____



YMCA of Greater Kalamazoo

VOLUNTEER

Information for Member Services

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____

Date of Birth: _____

Race: (Please circle one) Asian/Pacific Islander African American/Black Alaskan Native

Hispanic Native American Caucasian/White Other

Email Address: _____

Emergency Contact: _____

First Name

Last Name

Phone number

**Volunteers should be set up as "participant" in DAXKO*

Human Resources Use Only:

Branch Working: Maple Portage

Initials: _____