



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL COAST YMCA VOLUNTEER APPLICATION

For Office Use:
Follow up Call (one week)

Name: _____ Branch/Site: _____

Address: _____ Email: _____ Phone: _____

Employer*: _____

*Some employers have employee match programs

Have you ever volunteered at a YMCA? Yes No

If yes, in what capacity? _____

In what area do you see yourself volunteering? (check all that apply)

<input type="checkbox"/> Wellness	<input type="checkbox"/> Adult Sports
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Teen Activities
<input type="checkbox"/> Kids Zone/Child Care	<input type="checkbox"/> Active Older Adults
<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Other _____
<input type="checkbox"/> Don't Know	

What interests you?

<input type="checkbox"/> Spend Time with Child/Family (parent volunteer)		
<input type="checkbox"/> Give Back to Community		
<input type="checkbox"/> Meet People		
<input type="checkbox"/> Volunteering is a Requirement (How many hours? _____)		
<input type="checkbox"/> Court Ordered	<input type="checkbox"/> School	<input type="checkbox"/> Other
<input type="checkbox"/> Other _____		

Do you speak additional languages?: _____

AVAILABILITY	
<input type="checkbox"/> Special Events	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Call when needed	<input type="checkbox"/> Varies
Please list the days and times you would consider volunteering or the times you prefer to have practice (sports coaches)	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

REFERENCES - Please include a minimum of one family member:

Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name: _____	Email: _____	Office Use - Ref
		Phone: _____	
Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name: _____	Email: _____	Office Use - Ref
		Phone: _____	
Type: <input type="checkbox"/> Personal <input type="checkbox"/> Employment	Name: _____	Email: _____	Office Use - Ref
		Phone: _____	

For Office Use:

BRANCH: _____ DEPT: _____

Employment History

Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

1. Employer	Dates Employed from ____ to ____	Address	Job Title
2. Employer	Dates Employed from ____ to ____	Address	Job Title
3. Employer	Dates Employed from ____ to ____	Address	Job Title
4. Employer	Dates Employed from ____ to ____	Address	Job Title

Education History

Type of School	School Name, City and State	Major	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		From: _____ To: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		From: _____ To: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		From: _____ To: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Other School		From: _____ To: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

Volunteer History

1. Organization	Dates Volunteered from ____ to ____	Address	Duties
2. Organization	Dates Volunteered from ____ to ____	Address	Duties
3. Organization	Dates Volunteered from ____ to ____	Address	Duties
4. Organization	Dates Volunteered from ____ to ____	Address	Duties

STATEMENT OF VOLUNTEER APPLICANT

In the event of my volunteering for the Central Coast YMCA, I will comply with all policies set by the organization. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made, concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered to volunteer. I understand that my continued volunteering is contingent upon an acceptable criminal history background check.

I understand that it is this agency's policy to secure conviction criminal history information as a part of the pre-volunteer screening process. I have provided the following information for the purpose of obtaining a conviction only criminal history file search. I understand that the Central Coast YMCA does not condone child abusers and that the Central Coast YMCA will be seeking information in my background including child abuse.

Name _____
(Please Print) Last First Middle

Street Address _____ City _____ State _____ Zip Code _____

Maiden name/names previously used

Birthdate _____ Race _____ Sex _____

Social Security Number _____ Drivers License Number _____

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered as a volunteer.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if selected as a YMCA volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

Have you ever pled nolo contendere (no contest), been found guilty of or, admitted guilt to a crime which is a misdemeanor or felony as an adult or its equivalent as a juvenile? NO YES

*** If yes, explain. (A "yes" response will not necessarily eliminate you as a candidate for this volunteer position)**
If you are applying for community service, please list the charges for which you are doing community service.

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Signature of Applicant _____ Date _____

MEDICAL TREATMENT: I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own.

behalf. I understand that the YMCA is not responsible for payment of medical treatment if deemed necessary by a physician. Initial _____

YMCA CENTRAL COAST WAIVER: In consideration of being permitted to utilize the YMCA (or for my children to so participate) for any purpose, including but not limited to observation, use of the YMCA's facilities or equipment, participation in athletic activities, exercise classes, sports programs including any off-site program affiliated with the YMCA, I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any of the foregoing activities. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors (hereinafter referred to as "releases") for any and all claims for injury, death, loss or damage that I may suffer as a result of my participation in these activities. I hereby agree to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to my presence (or my children's presence) in 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, including any off-site program. I agree to assume full responsibility for bodily injury, death or property damage for myself (and for my children) while in, or about the premises of the YMCA and/or while using any facilities or equipment, or participating in any program affiliated with the YMCA, including any off-site program. I further agree 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 is held invalid, the balance shall continue in full legal force and effect. I have read and understand the Release, Waiver and Indemnity Agreement. I voluntarily sign the above and further agree that no oral representations, apart from the foregoing written agreement have been made. Initial _____



Central Coast YMCA Volunteer Code of Conduct

FOR YOUTH DEVELOPMENT®
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1. To protect children, as well as YMCA volunteers, at no time during a YMCA program may a volunteer person be alone with a single child where he or she cannot be observed by others. As volunteers supervise children, they should space themselves in such a way that other volunteers can see them.
2. Volunteers shall never leave a child unsupervised.
3. Volunteers will make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Volunteers will stand in the doorway of the rest room while children are using the rest room. This practice allows privacy for the children and protection for the volunteers (not being alone with a child). If volunteers 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 or at other off- site locations. Always send children in threes (known as the rule of three) and, whenever possible, with volunteers.
4. Volunteers should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, volunteers should be positioned so that they are visible to others.
5. Volunteers shall not abuse children in any way, including:
 - physical abuse - striking, spanking, shaking, slapping
 - verbal abuse - humiliating, degrading, threatening
 - sexual abuse - touching or speaking inappropriately
 - mental abuse - shaming, withholding kindness, being cruel
 - neglect - withholding food, water, or basic careNo type of abuse will be tolerated and may be cause for immediate dismissal.
6. Volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Volunteers 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 (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
7. Volunteers will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, and/or burns. Questions or comments will be addressed to the parent or child in a non-threatening way. Volunteers will document any questionable marks or responses.
8. Volunteers will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA and will treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Volunteers will respect children's rights to say no and to not be touched or looked at in ways that make them feel uncomfortable. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Volunteers will refrain from intimate displays of affection toward others in the presence of children, parents, and volunteers.
11. Volunteers are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
12. Volunteers must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is prohibited.
16. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, staff, or other volunteers is prohibited.
17. Volunteers may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
18. Volunteers 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.
19. Volunteers will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
20. Volunteers may not date program participants who are under the age of 18.
21. Under no circumstances should volunteers 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. Volunteers are to report to a supervisor any other volunteers or volunteer who violates any of the policies listed in this Code of Conduct.
23. Volunteers 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.
24. Volunteers who violate any articles in the Code of Conduct must be reported to a supervisor.

I have read and understand the Code of Conduct. I understand that any violation of this Code of Conduct may result in termination.

Volunteer signature: _____ Date: _____

Supervisor signature: _____ Date: _____