



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DO GOOD AND FEEL GOOD

VOLUNTEER AT THE GREATER VALLEY YMCA

Community Volunteer: Anyone volunteering for less than thirty (30) days during a calendar year. Examples include: guest readers, day of caring volunteers, trunk or treat participants, race or golf volunteers, special organizations visiting a program, etc.

COMMUNITY VOLUNTEER CHECK LIST

VOLUNTEER NAME

Date

PLEASE NOTE: Check the following items that have been completed.

If the item is checked, supporting documentation must be turned in along with the list.

_____ Check List for Personnel File (THIS FORM)

_____ Volunteer Application (Reminder: ID of Volunteer on page 4 of 7)

_____ Disclosure Statement

_____ Child Abuse Prevention Code of Conduct

Volunteer Advisor

Date

STAFF NAME

Approved By

Date

HUMAN RESOURCES



FOR YOUTH DEVELOPMENT®
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VOLUNTEER APPLICATION

PLEASE PRINT

Legal First Name Preferred Pronoun/Name MI Legal Last Name

Address Apt City/State Zip

Home Phone Alternate Phone Email I prefer to be contacted by

_ home phone _ alternate phone _ email

Emergency Contact Name Relationship Phone Number

Y Membership Status My birth date

Yes, I am a current member of _____
 No / I would like information about becoming a Y member*

(MM/DD/YYYY) ____ / ____ / ____

*If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application

Birth date required. For the safety of our participants, staff and volunteers, YMCA may use to run a limited criminal history check.

Have you been arrested, charged, or convicted of a crime in the last 10 years? (Only arrests/charges/convictions which the Y believes are reasonably related to the volunteer duties will be considered; some convictions over 10 years old may also be considered when background checks are completed.) Yes No

IF YES TO ABOVE:

Are the charges still pending? Yes No
Have the charges been dismissed? Yes No
Did the charges result in conviction? Yes No

Please explain any "yes" answers, including crime(s), year(s), location(s) and circumstances; attach additional page(s) if necessary:

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "Y STAFF USE ONLY" section on reverse

Volunteer Position I am applying for Branch I am interested in

How I heard about Y volunteering:

- Court System
- School
- Invited by the Y
- United Way
- Other Online
- Job/Internship
- Fair
- Newspaper
- Vol. Center
- Word of mouth
- YMCA Website
- Volunteer Match
- Opportunity Listing
- Other _____

If Required Community Service

Number of Hours needed: _____ Deadline to complete hours: _____

Is this a school requirement/ for school credit? If yes, name of school _____

Is this a court requirement? If Yes, offense _____

Parole/Probation Officer or Court Contact Name: _____ Phone: _____

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "Y STAFF USE ONLY" section on reverse



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VOLUNTEER APPLICATION CONTINUED

PLEASE PRINT

Have you ever volunteered for or been employed of any a Y? Yes No

If yes, please complete the following

Name of Y _____

Name of Y _____

City/St _____

City/St _____

Job/Volunteer _____

Job/Volunteer _____

Dates of Employment/Volunteer _____

Dates of Employment/Volunteer _____

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

Do something good

Church program requirements

Use or develop skills unrelated to work

Meet new people

Gain experience in a desired field of work

Internship requirements

School graduation requirements

Other (please specify) _____

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

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

How long will your initial commitment to Y volunteer work be (e.g. 6 months; 1 year)? _____

Please indicate day / time availability for a Y volunteer assignment:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

Please list any training, formal education, certifications, work experience, skills or interests you can apply as a Y Volunteer

Please supply work, volunteer or personal references. Reference # 3 MUST be a relative.

Name _____

Name _____

Name _____

City/St _____

City/St _____

City/St _____

Relationship _____

Relationship _____

Relationship _____

Phone Number _____

Phone Number _____

Phone Number _____



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VOLUNTEER APPLICATION CONTINUED

PLEASE PRINT

CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the Greater Valley YMCA ("YMCA") to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation. Volunteer Terms: I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the Greater Valley YMCA does not provide volunteer compensation or trade volunteer services for membership or program fees.

Property Loss: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

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 further understand that the YMCA is not responsible for payment for such medical treatment.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

PARENT OR GUARDIAN — if Volunteer Applicant is under 18

Legal First Name

MI

Legal Last Name

Address (if different from applicant)

Apt

City/State

Zip

Home Phone

Alternate Phone

Email

I prefer to be contacted by

__ home phone __ alternate phone __ email

I have reviewed this form in its entirety with the minor Volunteer Applicant.

Parent or Guardian Signature

Date

YMCA STAFF USE ONLY

Identification confirmed by viewing the original of TWO of the following:

Birth Certificate

Driver's License / State Issued ID

Social Security Card

Govn't Issued Passport

Staff Printed Name

Staff Signature

Date

END OF APPLICATION



VOLUNTEER APPLICANT

DISCLOSURE STATEMENT

Application for employment, or volunteering, including provisional employment or volunteer

**Required by the Child Protective Service Law,
23 Pa. C.S. Section 6344 (relating to employees/volunteers having contact with children;
adoptive and foster parents)**

I swear/affirm that, if being hired on a provisional basis, I have applied for certification through ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation and am submitting a copy of the appropriate completed request forms to the employer, administrator, supervisor or other person responsible for employment/volunteer decisions.

I swear/affirm that , if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outline below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse with the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

- Chapter 25 (relating to criminal homicide)
 - Section 2702 (relating to aggravated assault)
 - Section 2709.1 (relating to stalking)
 - Section 2901 (relating to kidnapping)
 - Section 2902 (relating to unlawful restraint)
 - Section 3121 (relating to rape)
 - Section 3122.1 (relating to statutory sexual assault)
 - Section 3123 (relating to involuntary deviate sexual intercourse)
 - Section 3124.1 (relating to sexual assault)
 - Section 3125 (relating to aggravated indecent assault)
 - Section 3126 (relating to indecent assault)
 - Section 3127 (relating to indecent exposure)
 - Section 4302 (relating to incest)
 - Section 4303 (relating to concealing death of child)
 - Section 4304 (relating to endangering welfare of children)
 - Section 4305 (relating to dealing in infant children)
 - Section 5902(b) Felony (relating to prostitution and related offenses)
 - Section 5903(c)(d) (relating to obscene and other sexual material and performances)
 - Section 6301 (relating to corruption of minors)
 - Section 6312 (relating to sexual abuse of children)
- or an equivalent crime under Federal law or the law of another state



DISCLOSURE STATEMENT CONT.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I must be dismissed If I am named as a perpetrator of a founded report of child abuse within the past five(5) years or have been convicted of any of the crimes listed above.

I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that if I am being hired on a provision basis, I am no permitted to work alone with children and must work in the immediate vicinity of a permanent employee during this provisional employment period.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service until the Child Protective Services Law as listed above, or am names as a perpetrator in a founded or indicated report, I must provide the administrator of designee with written notice not later than 72 hours after arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of the program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was names as a perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsibility for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment or volunteer ability.

I understand that certifications obtained for employment purposes may be used to apply for employment, serve as an employee, apply to volunteer and serve as a volunteer.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to section 5903 of the Crimes Code.

I hereby swear/affirm that the information as set forth above is true and correct to the best of my knowledge and belief. I have read and understand the foregoing. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code.

Printed Name of Volunteer

Signature of Volunteer

Date

Printed Name of Witness

Signature of Witness

Date

If the employee/volunteer is a minor:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



VOLUNTEER APPLICANT

CHILD ABUSE PREVENTION CODE OF CONDUCT

1. In order to protect YMCA staff (employees, volunteers, and program participants)– at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. 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 staff 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. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, 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. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. 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. Staff 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 respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.
9. 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 in areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
11. While the YMCA does not discriminate against an individual’s 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. Staff 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. Profanity, inappropriate jokes, sharing intimate details of one’s personnel life, and any kind of harassment in the presence of children or parents is prohibited.
16. Staff must be free of physical or psychological conditions that might adversely affect children’s physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff 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.
19. Staff are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstance should 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).
22. Staff 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.

I understand that any violation of this Code of Conduct may result in termination.

Printed Name of Volunteer

Signature of Volunteer

Date