



**YMCA OF ORANGE COUNTY  
APPLICATION FOR VOLUNTEER SERVICES**

Date: \_\_\_\_\_ Services to be Provided: \_\_\_\_\_ Branch: \_\_\_\_\_

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Name: \_\_\_\_\_  
Last First Middle

Residence: \_\_\_\_\_  
Street City State Zip

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Are you 18 years or older? Yes [ ] No [ ] Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_  
Employer Name Supervisor Name Phone Number

Describe your formal/informal training and experience pertinent to the volunteer services you would provide.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from volunteering?  
\_\_\_\_\_

Other organizations to which you have provided volunteer services:  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

When are you willing to volunteer? (days, times, dates) \_\_\_\_\_

**STUDENT VOLUNTEERS**

Are you looking to fulfill a school requirement or will you receive school credit for services? Yes [ ] No [ ]

IF YES, name of school: \_\_\_\_\_

Is this a service-learning experience? Yes [ ] No [ ]

Number of hours needed: \_\_\_\_\_ Deadline to Complete Hours: \_\_\_\_\_

**TO BE COMPLETED BY ALL**

Have you ever been convicted or pleaded guilty to any criminal offense other than the following:

Minor traffic violation fine \$500.00 or less; **or** offenses settled in juvenile court or under welfare youth offender law.

Yes [ ] No [ ] If yes, please explain \_\_\_\_\_

**CERTIFICATIONS**

Are you certified in: a) First Aid Yes [ ] No [ ] b) CPR Yes [ ] No [ ] c) Pediatric CPR Yes [ ] No [ ]  
d) Lifeguard Yes [ ] No [ ]

**WHEN DRIVING IS REQUIRED**

- 1. Do you have a valid driver's license? Yes [ ] No [ ] DL # \_\_\_\_\_
- 2. Do you have a valid Class 11/B license? Yes [ ] No [ ]
- 3. Do you possess a youth bus/school bus driver's certificate? Yes [ ] No [ ]

**IN COMPLIANCE WITH U.S. DEPARTMENT OF TRANSPORTATION, THE YMCA WILL CONDUCT PRE-AGREEMENT AND RANDOM ALCOHOL AND DRUG TESTING OF BUS DRIVERS.**

**REFERENCES  
(exclude relatives)**

A minimum of 2 reference checks are to be conducted. References must include immediate employer and/or any volunteer/employment involving supervision of children. References may also include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives/household members or the YMCA staff member who wants you to volunteer with the YMCA of Orange County.

- 1. \_\_\_\_\_  
Name Occupation Work Phone Home Phone
- 2. \_\_\_\_\_  
Name Occupation Work Phone Home Phone

**EMERGENCY INFORMATION**

Name and phone number of person to be notified in case of accident or emergency.

_____ Name	_____ Phone number
_____ Signature of Applicant	_____ Date



## **EMPLOYEE/VOLUNTEER CODE OF CONDUCT**

Each employee and or volunteer is a mandated reporter and will sign an Employee/Volunteer Code of Conduct and forward the signed document to Metro Risk Management department for record keeping purposes. This document can also be signed again at the child abuse prevention training course.

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where he or she can not be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure suspicious or unknown individuals do not occupy the restroom before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the 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:
  - a. Physical abuse—to strike, spank, shake. Slap;
  - b. Verbal abuse—to humiliate, degrade, threaten;
  - c. Sexual abuse—to inappropriately touch or speak;
  - d. Mental abuse—to shame, withhold kindness, be cruel;
  - e. Neglect—to withhold food, water, basic care, etc.No type of abuse will 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 responds to children with respect and consideration and treats all children equally regardless of sex, race, religion, or culture.

9. Staff will respect children's rights to not touch in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on 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 personal life, and any kind of harassment in the presence of children or parents is prohibited.
16. Staff 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.
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 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 is not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Staff is 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.
22. Staff will act in a caring, honest, respectful, and responsible manner.

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

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



## YMCA OF ORANGE COUNTY APPLICATION FOR VOLUNTEER SERVICES

We make an active effort to prevent child abuse, which may include but is not limited to the following:

- A background check and references from past employers and volunteer organizations.

Volunteers should not put themselves in a position in which they are alone with a single child and cannot be observed by others. Allegations or suspicions of child abuse are taken seriously and are reported to police and/or state agencies for investigation.

### **The YMCA goals for children are:**

1. To help children develop to their fullest potential.
2. To deliver programs in a positive YMCA environment of safety, support and care.
3. To support and strengthen the family unit.

### **CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY**

I have been informed of the YMCA's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement titled "Employee/Volunteer Code of Conduct". I understand that in addition to the mandates described in this Employee/Volunteer Code of Conduct, the YMCA will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to police and/or state agencies for investigation and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent under the laws of this State.

**VOLUNTEER TERMS:** I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide health benefits (medical or dental) for volunteers. I understand that this is my responsibility to provide this coverage. I understand that the YMCA of Orange County 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 volunteer activities.

**MEDICAL TREATMENT:** I give permission for YMCA representative 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 of such medical treatment.

**PHOTOGRAPH PERMISSION:** I give permission for the YMCA to use, with out 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 my damages, loss or injury, whether it is a result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

I understand that any violation of this Conditions of Volunteer Participation and Release from Liability may be grounds for removal as a volunteer. Being fully aware of the matters contained in the

Employee/Volunteer Code of Conduct and the Conditions of Volunteer Participation and Release from Liability, I still desire consideration as a volunteer for the YMCA.

**AFFIRMATION**

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, YMCA's review and acceptance of fingerprint record and proof of minimum age.

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 best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**I give permission for my dependent to participate in YMCA volunteer activities.**

\_\_\_\_\_  
Parent or Guardian Signature if Applicant is under age 18

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	
<b>BRANCH:</b>	_____
<b>PROGRAM/DEPT./CAMP:</b>	_____
<b>PROGRAM DIRECTOR:</b>	_____
Start Date:	_____ End Date: _____
Volunteer Services Title:	_____