



VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA, without them we would not be able to meet the needs of the communities we serve.

Date: _____ Position Desired: _____ Branch: _____

PLEASE ANSWER ALL QUESTIONS

Name (first, middle, last)	Daytime Telephone ()
Address (street, city, state, zip code)	Evening Telephone ()
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ Volunteers under 18 years of age will need written permission from their parents or guardian.	Mobile Telephone ()
Have you ever filed an application with the Greater Hartford YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s):	Email address
Have you ever been employed/volunteered by another YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?	
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? ___ Yes ___ No If yes, please give information regarding the nature of the charge, the date and location of convictions and the final disposition of the case:	

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer services: (check any that apply)

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times of Day: Morning Afternoon Evening Number of hours per week desired _____

SKILLS AND QUALIFICATIONS

Describe any volunteer work, interest, hobbies, sports, training, honors and other experiences relevant to your ability to volunteer services:

List any foreign language (s) that you can speak, read or write:

Do you have any certifications (i.e. CPR, First Aid, Swim Instructor, Teacher, etc)? _____ If so, please list: _____

List any other information you would like us to consider: _____

EDUCATION

	Name & Location	Course of Study	Start/End Dates	Did you graduate?	Degree/Diploma
High School					
Trade or Business					
College					
Other					

WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer service before? Yes No If yes, when? _____

Have you ever been paid to work the YMCA? Yes No If yes, when? _____
Please describe: _____

Are you currently employed? Yes No May we contact your current employer for reference purposes? Yes No

Name of Employer: _____ Job Title: _____

Name of immediate Supervisor: _____ Telephone Number: () _____

PROFESSIONAL/PERSONAL REFERENCES (at least 2 work related)

Name (first, middle, last)	Daytime Telephone ()
Address	Email Address
Relationship:	How long known?
Name (first, middle, last)	Daytime Telephone ()
Address	Email Address
Relationship:	How long known?
Name (first, middle, last)	Daytime Telephone ()
Address	Email Address
Relationship:	How long known?

Please read carefully before signing this application.

1. The facts set forth in my application for employment are true, correct and complete. I understand that if employed, false, misleading or incomplete statements on this application shall be considered sufficient cause for dismissal if I am chosen for a volunteer position.
2. I hereby authorize the YMCA to take appropriate steps to verify the information given above on this Volunteer Application. I further understand that no promises have been made to me regarding a volunteer position.

Signature

Date

Parent or guardian's signature (if you are under 18)

Applicants Authorizations - Must be completed

Volunteer Verification Release

I hereby authorize all current and former employers, educational institutions, and organizations where I have provided volunteer services to furnish the YMCA of Metropolitan Hartford, Inc. ("YMCA") or it's designees with any information requested concerning me which is on record or otherwise, and do hereby release all former employers, educational institutions, organizations where I have provided volunteer services and individuals working on their behalf, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

I hereby authorize the YMCA and any and all individuals working on it's behalf to release any information concerning me which is on record or otherwise, requested by current or future employers, educational institutions, or other appropriate institutions and individuals regarding my performance as a current or former employee or volunteer of the YMCA and do hereby release the YMCA and any and all individuals working on it's behalf, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

YMCA of Greater Hartford - Child Abuse Prevention

CODE OF CONDUCT

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot 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. Rest-room supervision: Staff will make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff 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 (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 or at other off-site location. Always send children in threes (known as the rule of three), and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children in any way, including
 - physical abuse—striking, spanking, shaking, slapping, and so on;
 - verbal abuse—humiliating, degrading, threatening, and so on;
 - sexual abuse—touching or speaking inappropriately;
 - mental abuse—shaming, withholding kindness, being cruel, and so on;
 - neglect—withholding food, water, or basic care.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 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. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.
8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Staff will respect children's rights not to be touched or looked at 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 toward others in the presence of children, parents, and staff.
11. Staff 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. 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. Possession or use of any type of weapon or explosive device is prohibited.
16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
17. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
18. Staff 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.
19. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
20. Staff will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
22. Staff may not date program participants who are under the age of 18.
23. Under no circumstances 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).
24. Staff are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
25. 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.
26. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

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

My signature below indicates that I have read, understand, and agree to the above release and code of conduct:

Volunteer Signature and Print Name

Branch Staff

Date

YMCA of Metropolitan Hartford, Inc.

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on me including, but not limited to, consumer credit history, criminal history, driving history, education and other reports. These reports may include information as to my character, work habits, job/volunteer performance, and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State, and other agencies, which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences. The information provided will not necessarily result in the rejection of my application, but will be considered as it relates to the performance of the job/volunteer duties for which I am applying.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. And, I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

*****PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY*****

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES___ (State ___Year ___) NO___

DO YOU HAVE ANY PENDING CRIMINAL/MOTOR VEHICLE COURT CASES? YES___ (State ___Year ___) NO___

If yes, what was the nature of the crime?

Print Name: _____

List ALL other first & last names ever used: _____

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

List addresses for **LAST SEVEN YEARS – START WITH CURRENT ADDRESS** (Use additional sheet if needed):

Street	City	State	Zip	How long at address? Years Months
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature: _____ Date: _____

For EMPLOYER Use Only:	Requested by _____	Phone _____	Fax _____
CT Criminal Report: <input checked="" type="checkbox"/>		Sex Offender Registry <input checked="" type="checkbox"/>	
CT Criminal Motor Vehicle Report <input checked="" type="checkbox"/>		Driver History Report (Anyone driving for Y): _____	
Other State Reports (if less than 7 yrs in CT) <input checked="" type="checkbox"/>		Credit Report (Exec, Office Mgr., Finance Dept): _____	
HR Department Approval Signature (Volunteers Only) _____		Date: _____	

FAX TO RSIA T: (860) 678-0099 or (860) 678-1996 **Date Faxed to RSIA T: _____**