



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER

Volunteers are essential to our YMCA. Without volunteers, we would not be able to offer programs, classes, and services that we currently provide. Our growth is directly proportionate to your contributions. There are several ways in which you can volunteer at the Y. Find what best suits you!

The mission of the YMCA of Greensboro is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind and body for all.

VOLUNTEER INFORMATION

Please fill out entire application in ink.

Name: _____ Date: ____/____/____
 First Middle Last

Address: _____ City: _____

State: _____ Zip: _____ Race: _____ (Not Required)-For reporting purpose only

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Can we put you on our volunteer email list? ___Y___N

Emergency Contact Name: _____ Phone: _____

Date of Birth: ____/____/____ _____ Male _____ Female

**Volunteers under 18 years of age will need written permission from their guardian*

What is the highest level of education that you have completed?
____ Jr. High/Middle ____ High School ____ College ____ Trade/Business
____ Other: _____
NOTE: A formal education is not required to be a volunteer. We welcome experience of all kinds!

Are you looking to fulfill a school requirement for your service? ___Yes ___No
If yes, what school _____
Number of hours needed: _____ Deadline: / /

Is this for court ordered community service? ___Yes ___No
(Certain offenses may limit the areas in which you can serve)
Referring Agency: _____ Number of hours needed: _____
Case Worker's Name: _____ Case Worker's Phone: _____
Please explain offence requiring volunteer hours or attach paperwork: _____

Work Experience (paid or volunteer)

Name of Company	Job Title	Start Date	End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References: Please provide the information below for 2 people not related to you who you have known for a least 2 years and 1 person related to you.

Name and Occupation	Address	Phone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSIGNMENT INFORMATION

Why are you interested in volunteering at the Y? _____

Date available to begin volunteer service: ____/____/____

Days and hours available to volunteer: _____

I'd be most interested in: (Mark all that apply- they are not necessarily exclusive)

- Ongoing volunteer work (a regular commitment of 6 months to one year)
- Short term projects that I can accomplish in a morning, afternoon, or evening.
- Projects where my whole family can participate
- Projects where I can work with a group

Where would you like to work within the YMCA facilities? Check mark as many as you like, but be aware that not all Y's have all opportunities listed below.

Aquatics

Swim Lessons, Water Exercise Instructor, Swim Team Pool Parties

ChildCare

Homework Assistance/Tutor, Talent/Specialty Instructor, Program Assistance

Fitness

Attendant, Greeter, Cleaning/Custodial

Wellness

Group Exercise Instructor, Program Assistance

Sports

Officiating, Coaching-Sport(s): _____, Scorekeeping,
 Program Assistance, Grounds Keeping, Gym Attendants

Membership

Member Services, Greeter, Tour Guide, Member Check-in, Towels,
 Membership Pictures

Teens

Mentors, Black & Latino Achievers, Youth-N-Government, Y Leaders

Special Events

Bright Beginnings, Road Races, Healthy Kids Day, Fun Nights,
 Other One Time Events

Camp Weaver

Nurse, Service Projects, YGuides

Marketing/Promotion

Graphic Design, News Articles, Public Relations, Videographer, Photographer

Fundraising

Grant Writer, Annual Campaign, Bright Beginnings, Endowment Campaign,
 Capital Campaign

Office and Administration, Interns

Other _____

GENERAL INFORMATION & SIGNATURES

THE YMCA'S TAKES A STRONG POSITION ON THE NATION-WIDE PROBLEM OF CHILD ABUSE AND WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE.

Some examples may include, but are not limited to:

- A background check, possibly including but not being limited to, references of past employers, personal references, the military, educational institutions, volunteers organizations, civic groups, personal character, health and activities.
- Allegations or suspicions of child abuse are taken seriously and will be reported to the Guilford County Department of Social Services, Child Protection Unit.
- Programs are structured so that no staff member or volunteer is left alone with children.
- Periodic interviews/evaluations with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.

To protect our children, the YMCA does a drug screen and criminal records check on volunteers working in sensitive positions with children. Are you willing to submit to such a screening?

___ Yes ___ No

Have you ever been convicted of any Crime? ___ Yes ___ No

If yes, please provide details below including the nature of the offense, when and where it occurred, the disposition of the case and the name under which you were convicted. A conviction will not necessarily be a bar to volunteering. List all convictions: _____

All volunteers are required to have a background check, social security check and Safety First check (sex offender and criminal databases).

*The YMCA may request a for cause drug test if a staff member feels a volunteer is under the influence of a substance.

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING. WE WILL BE CONTACTING YOU SOON TO SET UP AN INTERVIEW.

Volunteer's Signature

Guardian's signature if under 18

Date ___/___/___

Submitting the volunteer application does not guarantee a volunteer match.

VOLUNTEER CODE OF ETHICS AND RULES

1. Smoking or use of tobacco products is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Volunteers shall not abuse children including:
 - Physical Abuse - strike, spank, shake or slap
 - Verbal Abuse - humiliate, degrade, threaten
 - Sexual Abuse - including inappropriate touching and exposure
 - Mental Abuse - shaming, withholding love, cruelty
 - Neglect - withholding food, water, basic care, etc.
4. Volunteers must treat people of all races, religions, and cultures with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity.
8. Volunteers will refrain from intimate displays of affection toward others in the presence of children, parents and staff.
9. Monetary and expensive gifts to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect member/program participant's health, including fever or contagious conditions.
11. Volunteers will portray a positive role model for youth and adults by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
12. Volunteers must avoid being put in a situation where they are left alone with a YMCA child other than their own.
13. Volunteers should not fraternize with children they meet in the program outside the YMCA. This includes baby-sitting, sleepovers and inviting children to your home. Any exceptions require a written explanation prior to the fact and are subject to administrator approval.
14. North Carolina State law requires that all citizens report any suspected abuse or neglect of a child to the Guilford County Department of Social Services, Child Protection Unit.
15. I understand that as a volunteer for the YMCA, I may be subject to a background check, including criminal history as well as a drug test.
16. I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the Guilford County Department of Social Services, Child Protection Unit 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.
17. Volunteers may not have any outside contact with children they meet in YMCA programs, including by electronic means. Volunteers should not share their phone number, email addresses, their personal web pages or blogs with children encountered in YMCA program.

I understand that any violation of this Code may be grounds for removal as a volunteer. Being fully aware of the matters contained in the Volunteer Code of Ethics and Rules, I still desire consideration as a volunteer for the YMCA.

Volunteer's Signature _____ Date ____/____/____

YMCA of Greensboro Volunteer Acknowledgement

Please read carefully before signing

YMCA is For Healthy Living, For Social Responsibility, For Youth Development

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies, and other organizations named in this application to provide the YMCA (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

In the event that I volunteer, I understand that all volunteers are subject to dismissal at the discretion of the YMCA. If, in the event I choose to cease volunteering, I am free to do so at anytime.

I understand as a volunteer, that I am not an employee of the YMCA of Greensboro and understand and agree that I will not receive any compensation for benefit nor be eligible for any coverage under the NC Workers Compensation Laws. I fully understand that I am solely responsible for any injuries incurred while volunteering with the YMCA of Greensboro.

I also understand that, if selected to volunteer, any misrepresentation made by me in completing this application shall be considered as sufficient cause for my dismissal without advance notice.

In the event of my selection, I will comply with all rules and regulations as set forth by the YMCA. I have read, understand and support the YMCA's position on the problem of child abuse.

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

I have read the above statement and accept the same as a condition of my placement with the YMCA.

Printed name of volunteer Volunteer's Signature Date

If volunteer is under 18 years old, then the parents must read and sign below.

I understand as my minor child is a volunteer, that my minor child is not an employee of the YMCA of Greensboro and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the NC Worker's Compensation Laws. I fully understand that I am solely responsible for any injuries incurred by my minor child while volunteering with the YMCA of Greensboro.

Printed name of Parent/Guardian Signature of Parent/Guardian Date



PO Box 26140
Greensboro, NC 27402
(800) 449-0254

NAME:(First, Middle, Last)_____ Gender: Male / Female

MAIDEN NAME:(If applicable)_____

CURRENT ADDRESS: _____ HOW LONG?_____

CITY, STATE, ZIP:_____

1ST PREVIOUS ADDRESS:_____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED:_____

VOLUNTEER APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include verification of my driving records. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that are included in the INSIGHT report.

Further, I authorize other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, as well as other organizations that have provided information in connection with my INSIGHT report.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

CONSUMER DISCLOSURE

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc for background screening purposes.

APPLICANT'S SIGNATURE

____/____/____
DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD)

____/____/____
DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

For GA Criminal Searches Only (Must Check One): ___Employment w/ Mentally Disabled (Purpose Code M)
___Employment w/ Elder Care (Purpose Code N) ___Employment w/ Children (Purpose Code W) None Apply

YMCA of Greensboro

Requester _____

- _____ Volunteer Screener
- _____ Criminal Records (Search Where?)_____
- _____ Motor Vehicle Record
- _____ Social Security number & Name Verification /Address search

