

YMCA of Central Ohio

APPLICATION FOR VOLUNTEER SERVICE

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 kids, families, and adults of Central Ohio.

At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. This is why we are asking you to take a few minutes to complete this application. It will help us to match your skills with the opportunities available.

If you have questions about any part of the application process, please contact human resources at 614-224-1137 ext. 110.

GENERAL	Name _____ <small>First Middle Last</small>
	Daytime Telephone Number () _____ Evening Telephone Number () _____
	Address _____ <small>Street City State Postal Code</small>
	Prior Address _____ <small>Street City State Postal Code</small>
	Email address: _____
	Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was it? _____
Please list here any other names you may have used in the past: _____ _____	
What is the highest level of education that you have completed? <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Trade/Business <input type="checkbox"/> Other: _____	
NOTE: A formal education is not required to be a volunteer. We welcome experience of all kinds!	
INTERESTS	How did you learn about volunteer opportunities at the YMCA? _____
	Why would you like to volunteer? _____
	Have you heard about any particular volunteer opportunities that interest you? _____
	Area you would wish to volunteer (skills, talents) _____
	Volunteer Locations: Central Branch <input type="checkbox"/> Eldon Ward <input type="checkbox"/> Gahanna <input type="checkbox"/> Grove City <input type="checkbox"/> Jerry L. Garver <input type="checkbox"/> Hilliard <input type="checkbox"/> Hilltop <input type="checkbox"/> Powell <input type="checkbox"/> Hoover Y Park <input type="checkbox"/> North Branch <input type="checkbox"/> Pickaway <input type="checkbox"/> SWCC <input type="checkbox"/> Camp Willson <input type="checkbox"/> ECRN <input type="checkbox"/> Hilltop Ed. <input type="checkbox"/> St. Ann's <input type="checkbox"/> Early Learning Ctr. <input type="checkbox"/>
	What other organizations have you volunteered for, if any? _____
Are you a member of the YMCA? <input type="checkbox"/> YES <input type="checkbox"/> NO (Membership is not required)	
EMERGENCY CONTACT	Name _____ <small>First Middle Last</small>
	Relationship to you _____
	Daytime Telephone Number () _____ Evening Telephone Number () _____
	Address _____ <small>Street City State Postal Code</small>

COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with and care for children? _____

Do you have a preference for working with a particular age group and/or gender? _____

Why? _____

How do you handle disciplinary issues? _____

What do you do when you are upset or angry about something? _____

Are you a pedophile or child abuser? YES NO

Have you ever been accused of being a pedophile or child abuser? YES NO If yes, please explain. _____

Other than through employment, how are you involved with children? _____

EMPLOYMENT

Please list your current or most current employment information

From	To	Employer	Telephone #
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
Job Title		Immediate Supervisor	

Summarize the nature of work and job responsibilities.

REFERENCES

Please list 3 people (besides relatives) whom you have known for at least two years and who know you well enough to provide us with a reference.

Name	Name	Name
_____	_____	_____
Address _____	Address _____	Address _____
Phone _____	Phone _____	Phone _____
Relationship to you _____	Relationship to you _____	Relationship to you _____
How long known _____	How long known _____	How long known _____

**YMCA OF CENTRAL OHIO
STATEMENT OF APPLICANT**

In the YMCA of Central Ohio's efforts to attract the highest quality volunteers, I have been advised and authorize, that, as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my background, employment, activities, character, and health, and I fully consent to and authorize all such inquiries.

I understand that my continued involvement as a volunteer is contingent upon a clear criminal history background check.

If the YMCA of Central Ohio accepts my volunteer service, I will comply with all policies set forth by the Organization. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that for some volunteer assignments my involvement as a volunteer will be contingent upon passing the health screenings or otherwise meeting licensing standards.

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 for volunteer service or, after my service begins, may be cause for termination.

I understand and agree that if my services as a volunteer are accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

SIGNATURE OF APPLICANT

DATE

**SIGNATURE OF PARENT OR GUARDIAN
(IF APPLICANT IS UNDER 18 YEARS OF AGE)**

DATE

**YMCA OF CENTRAL OHIO
VOLUNTEER CODE OF CONDUCT**

On behalf of the YMCA of Central Ohio, thank you for your time and valuable service. Our programs enrich the lives of many children, families and adults of Central Ohio. Safety and well being of all people is a top priority for us so please read and follow these guidelines carefully.

1. Volunteers must portray a positive role model for youth by maintaining an attitude of respect, responsibility, caring and honesty.
2. Volunteers must use positive forms of guidance, including positive reinforcement, rather than competition, comparison or criticism.
3. The YMCA takes an aggressive approach against child abuse. Any of the following is strictly prohibited and may result in prosecution.
 - A. Physical Abuse – i.e. strike, spank, shake, slap
 - B. Verbal Abuse – i.e. humiliate, degrade, threaten
 - C. Sexual abuse – inappropriate touching and exposure
4. Ohio law requires that all citizens report any suspected abuse or neglect of a child to proper authorities, i.e. Children Services
5. Volunteers are encouraged to use the following as ways of non-verbal communication:
 - A. Hand to shoulder contact
 - B. Side by side hugs
 - C. Pats on head
 - D. "high fives"
 - E. hand shakes
 - F. eye contact
 - G. smiles
6. Volunteers are to report any inappropriate behavior observed to a YMCA staff member.
7. Volunteers will refrain from intimate displays of affection while they are with children.
8. Inviting children to a volunteer's home without full knowledge of the child's parent(s) and without another adult present at all times is strictly prohibited.
9. Taking youth anywhere without full knowledge of the parent(s) is strictly prohibited.
10. Volunteers are to treat persons of all races, religions and cultures with respect and consideration.
11. The YMCA is not responsible for and discourages volunteers from providing care and custody for participants, under the age of 18, outside a YMCA program.
12. Volunteers should not accept gratuities from participants or parents of participants.
13. Volunteers will not use profanity during any activities or when communicating with youth.
14. Smoking or use of tobacco products on YMCA property or during Y sponsored activities in view of children is highly discouraged.
15. Using, possessing, or being under the influence of alcohol or illegal drugs is prohibited while on YMCA property, or when you are with YMCA participants.
16. Volunteers are subject to background investigation.

Volunteer Signature _____

Date _____

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Volunteer Signature _____

Date _____

Authorization for Background Check

I hereby authorize the YMCA of Central Ohio to conduct a background investigation.

Please print name

Social Security Number

DOB

Street Address

City

State

Zip Code

Email Address:

YMCA Branch Volunteering At

Program You Will Be Volunteering in

Signature

Date of Application

Instructions for YMCA Staff:

Please fax this authorization form to Kathy Thompson at the Metropolitan HR Office at 614-573-3619.

Please destroy this form after Metro has received it, and keep the application portion on file for your records.