



YMCA of Frederick County Volunteer Application and Agreement

1000 N. Market Street Frederick, MD 21701 (301) 663-5131

We consider all applicants for volunteer positions without regard to race, color, religion, gender, age-national origin, marital or veteran status, or physical or mental disability which does not, with or without reasonable accommodation, preclude the performance of essential functions.

Personal Data

Name (last, first, middle) Date

Social Security Number Date of Birth

Street Address

City State Zip Code Years at Current Address

Home Phone Work Phone

Areas of Interest

Referred by

High School Attended or Attending Date of Graduation

College/University Attended or Attending Date of Graduation

Have you ever been convicted of a felony? No Yes

A conviction will not necessarily bar you from volunteering.

If yes, please explain:

Please list the names of friends or relatives that are employed by the YMCA.

To protect our children the YMCA does a criminal records check on all volunteers and finger printing on anyone working with children. Are you willing to submit to such a screening? Please explain:

Employment History

Employer Dates of Employment

Address City State Zip Code

Phone Occupation Reason for Leaving

Employer Dates of Employment

Address City State Zip Code

Phone Occupation Reason for Leaving

References

List three personal references who are familiar with you, but are not relatives or employers.

1. Name of Reference

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

2. Name of Reference

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

3. Name of Reference

Work Phone

Home Phone

Address

City

State

Zip Code

Relationship

Volunteer Experience

If volunteering to be a coach, what sport(s) have you coached/played?

For which organization(s)?

Age level you prefer

Why?

What times would be most convenient or desired for volunteering?

What sort of time commitment are you able to make? (Example: twice a week, once a month, special events only, etc.)

Describe any formal/informal training you have had which may have a bearing on the volunteer position which interests you.

What do you hope to gain through your volunteer work?

Describe any additional volunteer experiences.

Supplement to Application

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

With what age group or gender do you prefer to work? Why?

How would you describe yourself?

What other business or personal experiences or training have you had that may have prepared you for this position?

Describe non-employment activities you have been engaged in that might strengthen your application for this volunteer position.

List any sports or hobbies in which you have participated (past and/or present)

List other cities, counties, and states where you have lived/worked:

City: County: State: Number of Years:

City: County: State: Number of Years:

City: County: State: Number of Years:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I authorize investigation of all statements contained in this application 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 acknowledge that I am applying for a volunteer position and that I will not be paid for my services. If a volunteer relationship is established, I understand that the YMCA has the right to terminate this relationship at any time.

Signature of Volunteer Applicant

Date

YMCA of FREDERICK COUNTY

VOLUNTEER CODE OF ETHICS AND RULES

1. SMOKING OR USE OF TOBACCO PRODUCTS IN THE PRESENCE OF CHILDREN 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 (INAPPROPRIATE TOUCHING AND EXPOSURE), MENTAL ABUSE (SHAMING, WITHHOLDING LOVE, CRUELTY) OR NEGLECT (WITHHOLDING FOOD, WATER, BASIC CARE, ETC).
4. VOLUNTEERS MUST TREAT CHILDREN 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 IN THE PRESENCE OF CHILDREN OR PARENTS.
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 CHILDREN'S HEALTH, INCLUDING FEVER OR CONTAGIOUS CONDITIONS.
11. VOLUNTEERS WILL PORTRAY A POSITIVE ROLE MODEL FOR YOUTH BY MAINTAINING AN ATTITUDE OF RESPECT, LOYALTY, PATIENCE, INTEGRITY, COURTESY, TACT AND MATURITY.
12. VOLUNTEERS WILL DO EVERYTHING IN THEIR POWER TO AVOID BEING PUT IN A SITUATION WHERE THEY ARE ALONE WITH A YMCA CHILD OTHER THAN THEIR OWN. IN FACT, CARING FOR ANY YMCA CHILD OTHER THAN THEIR OWN ON A 1 ON 1 BASIS, SUCH AS BABYSITTING IS PROHIBITED.
13. MARYLAND LAW REQUIRES THAT ALL CITIZENS REPORT ANY SUSPECTED ABUSE OR NEGLECT OF A CHILD TO THE DEPARTMENT OF SOCIAL SERVICES, CHILD PROTECTION UNIT.
14. I UNDERSTAND THAT AS A VOLUNTEER FOR THE YMCA, I MAY BE SUBJECT TO A BACKGROUND CHECK, INCLUDING CRIMINAL HISTORY.
15. I UNDERSTAND THAT ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE ARE TAKEN VERY SERIOUSLY BY THE YMCA AND WILL BE REPORTED TO THE 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.

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 AT THE YMCA OF FREDERICK COUNTY.

APPLICANT'S SIGNATURE: _____

_____ DATE: _____

YMCA of FREDERICK COUNTY

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, VOLUNTEER ORGANIZATIONS, CIVIC GROUPS, PERSONAL CHARACTER, HEALTH AND ACTIVITIES.
- ALLEGATIONS OR SUSPICIONS OF CHILD ABUSE ARE TAKEN SERIOUSLY AND WILL BE REPORTED TO THE DEPARTMENT OF SOCIAL SERVICES, CHILD PROTECTION UNIT.
- PROGRAMS ARE STRUCTURED SO THAT NO STAFF MEMBER OR VOLUNTEER IS LEFT ALONE WITH CHILDREN.
- PERIODIC INTERVIEWS AND EVALUATIONS WITH CHILDREN AND PARENTS ABOUT DAY TO DAY EXPERIENCES, ENCOURAGING REPORTS OF ANYTHING OUT OF THE ORDINARY.
- STAFF AND VOLUNTEERS WILL NOT FRATERNIZE WITH CHILDREN OUTSIDE THE PROGRAMS, INCLUDING BABYSITTING OR INVITING CHILDREN HOME.
- TESTING FOR ILLEGAL SUBSTANCES.
- CRIMINAL HISTORY RECORDS CHECK.

YMCA GOALS:

- TO SUPPORT AND STRENGTHEN THE FAMILY UNIT.
- TO HELP CHILDREN DEVELOP TO THEIR FULLEST POTENTIAL.
- TO DELIVER THE PROGRAM IN A POSITIVE YMCA ENVIRONMENT OF SAFETY, SUPPORT AND CARE.

PLEASE READ CAREFULLY BEFORE SIGNING

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 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 HAVE READ THE ABOVE STATEMENT AND ACCEPT THE SAME AS A CONDITION OF MY PLACEMENT WITH THE YMCA.

APPLICANT'S SIGNATURE: _____

DATE: _____

YMCA of FREDERICK COUNTY

PARENTAL CONSENT FORM FOR YOUTH VOLUNTEERS UNDER AGE 18

I, _____, AM THE PARENT OR GUARDIAN OF
_____ AND AGREE TO ALLOW HE OR SHE TO VOLUNTEER FOR THE
FREDERICK COUNTY FAMILY YMCA. I UNDERSTAND I AM RESPONSIBLE FOR PROVIDING
NEEDED TRANSPORTATION TO HAVE MY CHILD FULFILL HIS OR HER RESPONSIBILITIES AS A
VOLUNTEER. I HAVE EXPLAINED TO MY CHILD THE RESPONSIBILITY OF BEING A VOLUNTEER
FOR ANY ORGANIZATION.

THE HOURS MY CHILD IS AVAILABLE TO VOLUNTEER ARE:

IN CASE OF AN EMERGENCY, PLEASE CONTACT ME AT:

IF YOU ARE UNABLE TO REACH ME, PLEASE CONTACT:

NAME: _____

PHONE: _____

RELATIONSHIP: _____

PARENT OR GUARDIAN'S SIGNATURE: _____

DATE: _____