



Cadillac Area YMCA Volunteer Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

(Please Print)

Last Name	First Name	Middle Name	Home Phone	Cell or Work Phone
Home Address	City		State	Zip Code

Email Address

Present or Last Employer and Address

Employer and contact person	Number	Street	City	State	Zip Code
------------------------------------	---------------	---------------	-------------	--------------	-----------------

Have you ever pled guilty or no contest to or been convicted of:

- Felonies or misdemeanors? **NO** ___ **YES, detail** _____
- Offenses against persons or family or public indecency? **NO** ___ **YES, detail** _____

Any convictions will not automatically disqualify applicants. The seriousness of the crime and date of conviction will be considered.

In Case of

Emergency notify: _____	Address _____	Phone Number _____
--------------------------------	----------------------	---------------------------

What special group would you be particularly interested in working with? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Infants and toddlers | <input type="checkbox"/> Older teens (15-18) |
| <input type="checkbox"/> Preschoolers (3-5) | <input type="checkbox"/> College-aged young adults |
| <input type="checkbox"/> School age children (6-10) | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Pre- and young teens (11-14) | <input type="checkbox"/> Families |
| | <input type="checkbox"/> Older Adults |

I would be interest in hearing more about work in support of these programs and areas of responsibility of the YMCA.

- Aquatics (swimming classes, life guarding, swim team)
- Camping (day camp, overnight camp, family camp)
- Child care (infant, pre-school, after school)
- Family (parent/child activities, parenting classes, family support groups)
- Health and fitness (youth health, aerobics, strength training)
- Member services (Y-Ambassadors, front desk, locker room)
- Older adult programs (health and fitness, recreation, trips, social clubs)
- Social Services (youth mentoring program)
- Sports (youth sports adult volunteer)
- Teen Leadership (Leader's Club, Earth Service Corps, Youth in Government, Youth Volunteer Corps)

Here are some other options of vital volunteering opportunities I would like to know more about (Mark all that apply)

- Fund-raising (annual campaign for youth)
- Policy work (committee work on the membership, program, public policy, public relations)
- Building and grounds work (landscaping, gardening, painting, maintenance)

I would 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; on a week day, or weekend
- Projects where my whole family can participate
- Projects where I can work as part of a group

**Cadillac Area YMCA
Employee/Volunteer/Intern
Ethical Behavior Standards**

The right of sustaining human dignity is the primary goal of each program at the YMCA. In that regard, safeguards have been established to insure that clients will not be subject to physical, emotional, sexual, or verbal abuse or harassment.

You will not:

1. Participate in sexual activity with any program participant whether consensual or nonconsensual.
2. Strike or otherwise physically restrain or restrict the movement of program participants unless essential for their safety and protection. You will notify your supervisor in the later case.
3. Release any confidential information without a signed permission form.
4. Provide participants with any form of drugs, legal or illegal, unless authorized to do so.
5. Misrepresent your credentials and provide services that you are not qualified or authorized to provide.
6. Care for children other than family who participate in YMCA programs or class activities outside of approved YMCA activities (babysitting, weekend trips, etc. are not approved).
7. Be alone with a single child in an isolated situation where you cannot be observed by other staff, volunteers and/or children. The only exception to this would be toileting or medical emergencies, in which case another staff person or volunteer should be notified.

Violations of the above will result in immediate suspension. Should the allegations be substantiated, disciplinary procedures will include, but not be restricted to: termination, or in the case of volunteers and interns, removal from the program.

I have read the Ethical Behavior Standards policies and agree to follow them while representing the agency as a volunteer, employee, or intern.

I recognize that the YMCA will contact legal authorities should my behavior be illegal.

**Cadillac Area YMCA
Harassment Policy**

It is the policy of the YMCA to expressly forbid any forms of harassment of employees. The term "harassment" includes, but is not limited to: slurs, jokes, and other verbal, graphic, or physical conduct which relate to an individual's race, color, sex, religion, national origin, citizenship, age, or handicap.

Harassment also includes sexual advances, request for sexual favors, unwelcome or offensive touching or other verbal, graphic, or physical conduct of a sexual nature. Violation of this policy is considered a major offense.

Employees who feel that they are being harassed in any way by another employee, member, volunteer, or vendor should inform their immediate supervisor or Executive Director. It is the employee's responsibility to bring such concerns to their immediate supervisor or Executive Director. Any concerns will be handled immediately and kept confidential.

I have read the above policy statement and understand its intent, its content and the actions to be taken by the YMCA in cases of suspected harassment or violation of the YMCA's ethical behavior standards.

Staff person or Volunteer *(signature)*

Date

Staff person or Volunteer Name *(Print or type)*

Position

Witnessed by: _____
Signature

Name *(please print)*

Cadillac Area YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for Any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or Herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Michigan ant that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

____/____/____
Participant's signature

I HAVE READ THIS RELEASE

____/____/____
Parent's or guardian's signature
(If participant is legally a minor)

Applicant Statement

I certify that all information I have provided in order to apply to volunteer with the YMCA is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the YMCA, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a background check prior to and during my employment as well as a sex offender registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser.

Initial _____

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious affiliation, national origin, gender, ancestry or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will**, which means that employees may end their employment at any time, for any reason; and the employer (YMCA) may terminate employees at any time for any reason, with or without cause.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 with two forms of identification as specified.

Initial _____

I certify that I have read, fully understand and accept all terms of the forgoing applicant statement.

Signature of Applicant

Date

Do not sign until you have read and initialed the above statements.

Disclosure and Authority to Release Information

I understand that in processing my application with **Cadillac Area YMCA**, an investigative consumer report may be conducted. FCRA I 606. (a) (1) disclosure requirements; Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted **Yes** **No**

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless **Cadillac Area YMCA**, and its agent Camp Background Checks, from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" and state law to obtain a copy of this report by providing proper identification and directing a written request to Camp Background Checks, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015. 1-816-875-3699.

If employed in CA, MN, or OK; I would like a copy of my report. **Yes** **No**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
-----------------	------------------	-------------------

Street Address	Social Security Number
----------------	------------------------

City	State	Zip Code
------	-------	----------

Drivers License Number	State Issued	Expiration Date	Date of Birth
------------------------	--------------	-----------------	---------------

(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:

City	State	City	State
------	-------	------	-------

City	State	City	State
------	-------	------	-------

Other Name(s) Used and Date(s) Changed: _____

Signature	Date
-----------	------