



**YMCA**

**We build strong kids,  
strong families, strong communities.**



**Meadowlands Area YMCA**

**P.O. Box 252, Rutherford, NJ 07070  
(201) 955-5300 Fax (201) 955-2055**

## Print Clearly Volunteer Application

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Cell- ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

E-Mail Address: \_\_\_\_\_

Date \_\_\_\_\_

When are you available? \_\_\_\_\_ Days & Times \_\_\_\_\_

### **Educational Background**

<b>Education</b>	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>No. of Years/ Credits Completed</b>	<b>No. of Years Attended</b>	<b>Diploma/ Degree</b>
Elementary					
High School					
Undergraduate					
Graduate					
Other (specify)					

Describe any specialized training, apprenticeship, skills and extra-curricular activities. \_\_\_\_\_

\_\_\_\_\_

Certifications: \_\_\_\_\_

\_\_\_\_\_

## **Employment /Volunteer Experience**

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

Employer:	Dates Employed:	Work Performed: _____ _____ _____ _____ _____
	From:                      To:	
Employer's Address:		
Employer's Telephone Number(s):	Hourly Rate:	
	Start:                      Final:	
Job Title:	Supervisor's Name:	
Reason for Leaving:		

\* If you need additional space, continue on a separate sheet of paper.

If you are under 18 years of age, can you provide proof\* of your eligibility to work? Yes No

\*WORKING PAPERS

May we contact your present employer? Yes No

For candidates 18 years of age or over:

Are you able to provide proof of your identity and eligibility to work in the United States? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony and/or crime? (Conviction will not necessarily disqualify an applicant from employment.) Yes No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Why are you interested in this position and what can you offer it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your work experience in this type of work? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What work have you done with people in a social, recreational or educational setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any other skills or talents that you have taught or would like to teach? \_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

**PROFESSIONAL:** In this section do not include people who are related to you.

1. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's affiliation to you: \_\_\_\_\_

2. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's affiliation to you: \_\_\_\_\_

**PERSONAL:** Must be a family member over the age of 21.

1.. \_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's affiliation to you: \_\_\_\_\_

**Those volunteers under 18 also:** must include an adult such as a coach, religious leader, teacher, counselor etc.

\_\_\_\_\_ ( \_\_\_\_\_ )  
(Name) (Phone #)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Reference's affiliation to you: \_\_\_\_\_

**Insurance Statement:**

Driver's agree that they will only use vehicles having current liability insurance, current registration when on YMCA Business.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer as may be necessary in arriving at a decision.

This application for volunteer shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for volunteer beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the Volunteer may resign at any time and the Employer may discharge Volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of acceptance as a volunteer, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

## **STATEMENT ON ABUSE PREVENTION POLICY**

This is a policy that we explain to each and every one of our candidates. The YMCA knows that, unfortunately, there may be people who what to work or volunteer here for the wrong reasons. But we are sure you'll be pleased to hear about the active and, we believe, effective effort we make to prevent sexual and physical abuse. First, we attempt to screen out offenders whenever possible; for example, we do a very thorough background check, including criminal history.

Second, we structure the program so that one staff member or volunteer is never left alone with one child or anyone else that is vulnerable. We try to prevent any opportunity for abuse, and we periodically interview children and others about their experiences in the program.

Third, we take any and all allegations, including those from children, very seriously. We refer all allegations to the authorities for investigation, and we cooperate fully with any investigation.

Wrongdoers need to know that this is a very risky place to attempt to abuse children or anyone who is vulnerable. Most everyone appreciates this thorough process, which not only protects the people in our care, but also minimizes the potential for false accusations of abuse against innocent staff members and volunteers.

I have read and understand the Statement of Abuse Prevention Policy:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

## **If you are approved as a volunteer with us, you will be bound by our Code of Conduct**

1. In order to protect YMCA employees, volunteers and program participants, at no time during a YMCA Program may an employee and/or volunteer be alone with a single child where he or she cannot be observed by others. As employees and/or volunteers supervise children, they should space themselves in such a way that other employees and volunteers can see them.
2. Employees and/or volunteers shall never leave a child unsupervised.
3. Employees and/or volunteers will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Employees and/or volunteers will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the employee and/or volunteer (not being alone with the child). If employees and/or volunteers 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. Always send children in threes, and whenever possible, with employees and/or volunteers.
4. Employees and/or volunteers should conduct or supervise private activities in pairs - diapering, putting on of bathing suits, taking showers, etc. When this is not feasible, employees and/or volunteers should be positioned so that they are visible to others.
5. Employees and/or volunteers should not abuse children, including:
  - a) Physical abuse - to strike, spank, shake, or slap;
  - b) Verbal abuse - to humiliate, degrade, threaten;

- c) Sexual abuse - to inappropriately touch or verbal exchange
- d) Mental abuse - shaming, withholding love, cruelty;
- e) Neglect - withholding food, water, basic care, etc.

Any type of abuse will not be tolerated and may be the cause for immediate termination.

6. Employees and/or volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Employees and/or volunteers will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (where it is necessary to protect the child or other children from harm), and is only administered in a prescribed manner, and must be documented in writing.
7. Employees and/or volunteers will conduct a health check of every child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Employees and/or volunteers will respond to children with respect, consideration and treat all children equally regardless of sex, race, religion or culture.
9. Employees and/or volunteers will respect children's rights not to be touched in ways that make them feel uncomfortable, and their right to say "no." Other than when it is necessary for diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Employees and/or volunteers will refrain from intimate displays of affection towards others in the presence of children, parents and other employees and volunteers.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, employees and/or volunteers will abide by the standards of conduct set forth by the YMCA.
12. Employees and/or volunteers 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 the use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.
16. Employees and/or volunteers must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Employees and/or volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
18. Employees and/or volunteers may not be alone with children they meet in YMCA programs outside of the YMCA. This includes baby sitting, sleep-overs, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Employees and/or volunteers are not to transport children in their own vehicles.
20. Employees and/or volunteers may not date program participants under the age of 18 years of age.
21. Under no circumstances should employees and/or volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian. Written parent authorization must be on file with the YMCA for an adult to be considered authorized.
22. Employees and/or volunteers 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.
23. Employees and/or volunteers will act in a caring, honest, respectful and responsible manner.

I \_\_\_\_\_ understand that by signing this, I acknowledge it is not an offer of employment. I further acknowledge that I read and agree to abide by the above if I am offered employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION: In case of an emergency please contact:**

\_\_\_\_\_  
Name – Print

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Name – Print

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

**RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK**

I consent to have a consumer report made as to my credit history, employment history, educational experience and related qualifications, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment and/or volunteer purposes, including initial hiring decisions, promotions, reassignments, and/or retention. I hereby authorize Meadowlands Area YMCA to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify the Meadowlands Area YMCA and the agencies that provide the background report, their affiliates, employees, directors, officers, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

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**IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES\_\_ NO\_\_**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Social Security No. \_\_\_\_\_ \* Birthdate: \_\_\_\_\_ \*

Drivers License No. \_\_\_\_\_ State Issued: \_\_\_\_\_  
(Photocopy of Driver's License must be included.)

\*Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date