



# Volunteer Application

## Fergus Falls YMCA

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. Please fill out this application to assist us to make the right match between your skills, interests, and the opportunities available. We reserve the right to conduct background and reference checks on all volunteers. It's just one of the many ways we help protect children and other vulnerable people served by the YMCA.

If you would like to apply to join the YMCA volunteer team, please complete the application below.

- Be sure to write legibly.
- The application must be completed in full.
- Read and sign the last page of the application.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### Please indicate your areas of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Administration/ Clerical | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Adult Sports             | <input type="checkbox"/> Teens             |
| <input type="checkbox"/> Annual Campaign          | <input type="checkbox"/> Youth Sports      |
| <input type="checkbox"/> Aquatics                 | <input type="checkbox"/> After School Care |
| <input type="checkbox"/> Greeters                 | <input type="checkbox"/> Summer Day Camp   |
| <input type="checkbox"/> Child Watch              | <input type="checkbox"/> Wellness/Fitness  |
| <input type="checkbox"/> Maintenance              | <input type="checkbox"/> Coaching          |
|   | <input type="checkbox"/> Other: _____      |

### Why are you interested in volunteering with the YMCA?

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Have you ever volunteered or worked at the YMCA before?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No

Are you 18 years of age or over?  Yes  No

Are you a YMCA Member?  Yes  No

Are you required to volunteer?  Yes  No

If yes, how many hours are needed? \_\_\_\_\_ Deadline: \_\_\_\_\_

Name of School/agency/government body requiring community service: \_\_\_\_\_

**Please indicate the days and times you are available to volunteer:**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**REFERENCES:** List two references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Type	Name	Contact Information	Years Known
Family Member		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home/Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**YMCA VOLUNTEER ETHICAL BEHAVIOR STANDARDS**

“Putting Christian Principals into practice through programs that build healthy spirit, mind and body for all” is the mission of the Fergus Falls YMCA. In that regard, safeguards have been established to insure that members and guests will not be subject to physical, emotional, sexual, or verbal abuse or harassment.

As a volunteer with the YMCA, you will not:

- 1) Participate in any sexual activity with anyone in YMCA programs, whether consensual or non-consensual.
- 2) Strike or otherwise physically restrain or restrict the movement of the program participants unless essential for their safety and protection. You will notify the Executive Director or Supervisor of the program in which you are volunteering if there is any concern or need for restraining a program participant.
- 3) Release any confidential association information without permission such as names, phones numbers, etc.
- 4) Provide program participants with any forms of drugs, legal or illegal.
- 5) Misrepresent your credentials and provide services that you are not qualified or authorized to provide.
- 6) Provide care (babysit) any YMCA program participant outside the YMCA except family members.
- 7) Be alone with a single child in an isolated situation where you cannot be observed by other staff and children. The only exception to this would be toileting or medical emergencies, in which case another staff person must be notified.

**Violations of the above will result in an immediate suspension. Should the allegations be substantiated, permanent removal from the volunteer program will result. Should your behavior be illegal, proper authorities will be notified.**

**TRAININGS/CERTIFICATIONS/REQUIREMENTS**

**All frequent volunteers must agree to the following in order to participate in volunteer activities at the Fergus Falls YMCA:**

- CPR/AED/First Aid Certification – If you are currently certified in CPR/AED/First Aid, you will need to provide the Volunteer Director/Human Resources Director proof of certification. If you are not certified, you will be required to attend a certification which will be organized through the Human Resources Director.
- Child Abuse Prevention Training – All frequent volunteers are required to complete online training for recognizing and responding to Child Abuse. This training will be organized through the Human Resources Director.
- Child Protection Policy and Code of Conduct – All frequent volunteers are required to read and sign the YMCA’s Child Protection Policy and Code of Conduct. A copy of this form will be kept with the volunteer’s file.
- Identification – All volunteers must adhere to the requested form of identification for the program in which the volunteer is participating. This identification may include a specific volunteer shirt, badge, or name tag.
- Logging of Hours – Volunteers will be asked to either ‘clock in’ or provide their hours to the Supervisor of the program or Human Resources Director/Volunteer Director.

**VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY**

**Volunteer Terms:** I understand the Y does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage. The Y does not offer free membership to volunteers. Volunteers may not trade their time for free to reduced cost in program participation.

**Property Loss:** I understand the Y is not responsible for my personal property lost, damaged, or stolen while participating in Y volunteer activities.

**Auto Loss:** I understand that if I am approved to drive my vehicle on behalf of the Y for a program event, my auto insurance is primary for any non-Y owned vehicles.

**Medical Treatment:** I give permission for Y representative to provide or arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I understand the Y is not responsible for payment of medical treatment if deemed necessary by a physician.

**Photography Permission:** I give permission for the Y to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Y programs. I understand that any photo taken of me during my volunteer work may be used in future promotional materials.

**Release from Liability:** I understand that the Fergus Falls YMCA assumes No responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any volunteer activities, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby voluntarily release and discharge the Fergus Falls YMCA, it agents, servants, and employees from any and all claims for injury, illness, loss, or death which I may suffer as a result of my participation in these volunteer activities. I understand that accidents may occur during my volunteer activities. By signing below, I release the Y, its agents, directors, consultants, other volunteers, and employees from all liability based on any damage, loss, or injury, whether it is the result of ordinary negligence or otherwise, cause to me from participation as a volunteer.

***I have read the above Participation and Release from Liability document and being fully aware of the matters contained in it, I still desire consideration as a volunteer from the Fergus Falls Area Family YMCA.***

\_\_\_\_\_

Print Volunteer Name

\_\_\_\_\_

Volunteer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Name (if under 18)

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date