



# VOLUNTEER APPLICATION

KEARNEY FAMILY YMCA

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

## NOTE:

All volunteers must complete the following application and online State of Nebraska background check to be eligible for their volunteer hours to begin at the Kearney Family YMCA. Incomplete applications will be returned. We do reserve the right to deny any volunteer requests or approval of hours based on the information that is provided, behavior during the volunteering hours, and anything that does not follow our: Code of Conduct, Guidelines, etc.

## NEBRASKA STATE LAW:

If the volunteering individual is 18 years old or younger the State of Nebraska requires a parent's signature and consent in order to complete the online background check.

Thank you for choosing to volunteer at the **Kearney Family YMCA!** Without volunteers, we would not be able to offer many of the programs, classes, and services that we currently provide to our Kearney community. Our growth is directly proportionate to your contributions. Our aspirations and focus are to help our Kearney community become stronger, healthier and come together for the better of each other. There are many ways in which you can volunteer at the Y. Please complete the following packet to begin helping our community.

### VOLUNTEER APPLICATION GUIDELINES

- Complete this application. (Incomplete applications cannot be processed.)
- Please use black or blue ink and write legibly.
- Please sign the required and correct areas of the application.
- Complete the background check through the link that is provided to you via email. (Additional steps are required for anyone 18 years or younger.)
- Applications and related materials must be **completed and processed** before a volunteer can begin volunteering services.
  - Please note that:
    - ◊ Incomplete background checks will place a hold on your applications until completed.
    - ◊ Background checks can take 2-3 days before the State of Nebraska provides the results.

### VOLUNTEER INFORMATION

Last Name  First Name  Middle Initial

Birthdate  Age:  Gender

Phone Number (  ) Email Address

Address  City  State  Zip Code

Do you currently have any restrictions that might limit your ability to perform certain tasks? (Lifting, pushing, standing, etc.)

Yes  No

Are you a member of the Kearney Family YMCA? Yes  No

Have you ever been a member of the Kearney Family YMCA? Yes  No

Have you ever participated in our programs? Yes  No

Have you ever volunteered with the Kearney Family YMCA? Yes  No

When?  What department(s) did you volunteer with?

Have you ever volunteered with any other YMCA? Yes  No

Name of YMCA

When?  What department(s) did you volunteer with?

### EMERGENCY CONTACT INFORMATION

Last Name  First Name  Relationship?

Phone Number (  ) Email Address

### MANAGEMENT SECTION

Volunteer Application	<input type="text"/>	Date Started	<input type="text"/>	Departments Volunteered In:	<input type="text"/>
Background Check	<input type="text"/>	Date Ended	<input type="text"/>		
Completed Time Card	<input type="text"/>				

## EMPLOYMENT INFORMATION

Employer	Supervisor	Phone Number	May we contact them?
		( )	
		( )	
		( )	

We like to brag about the hard work of our volunteers to their employers. To whose attention should such a note be sent on your behalf?

Place of Employment	Your Position
Supervisor/HR Name	Email
Address/City/State/Zip	

## REFERENCES

Please provide work, school, volunteer, or personal references whom we can easily contact.

1	Name	Relationship	Phone
	Email		
2	Name	Relationship	Phone
	Email		
3	Name	Relationship	Phone
	Email		

## VOLUNTEER HISTORY

Organization Name	Supervisor	Phone Number	When?
		( )	
		( )	

## CERTIFICATIONS

Please check all of the following certifications that you currently have.

CPR Cert.   
  Swim Instructor Cert.   
  Lifeguard Cert.  
 First Aid Cert.   
  Fitness Instructor Cert.   
  Other: \_\_\_\_\_

## VOLUNTEERING BECAUSE...

School Requirement   
  UNK Internship   
  Diversion/ Probation Program  
 Impact Community   
  Fitness Instructor Cert.   
  Other: \_\_\_\_\_



Name of Diversion/Probation Officer	Phone Number	( )
How many hours do you need to complete?	Hours Deadline	
Please describe your offense?		

## VOLUNTEER INTEREST PLAN

- Ongoing volunteer work. (Regular commitment 6-12 months.)
- Short term projects that I can accomplish in a morning, afternoon, or evening.
- Projects where my whole family can participate.
- Projects where I can work with a group.
- Volunteering for unpaid internship.
- Volunteering seasonal programs. (Youth Programs & Adults Programs)
- Other \_\_\_\_\_

## VOLUNTEERING AREAS OF INTEREST

Please check all of the following areas that you are interested in volunteering in.

- |   |   |  |   |   |
|---|---|--|---|---|
| <input type="radio"/> Adult Sports Programs                               | <input type="radio"/> Youth Sports Programs | <input type="radio"/> Sports Coach           | <input type="radio"/> Sports Official       | <input type="radio"/> Rookies Program             |
| <input type="radio"/> Family Center                                       | <input type="radio"/> Swim Lessons          | <input type="radio"/> Swim Team              | <input type="radio"/> Aquatics              | <input type="radio"/> Classroom Helper            |
| <input type="radio"/> After School Program                                | <input type="radio"/> Schools Day Out       | <input type="radio"/> Holiday Camp           | <input type="radio"/> Child Care Greeter    | <input type="radio"/> Tutor                       |
| <input type="radio"/> Book Buddy  | <input type="radio"/> Field Trip Helper     | <input type="radio"/> Wellness Center        | <input type="radio"/> Wellness Orientations | <input type="radio"/> Walking Partner             |
| <input type="radio"/> Group Exercise Instructor                           | <input type="radio"/> Cleaning Equipment    | <input type="radio"/> LIVESTRONG AT THE YMCA | <input type="radio"/> Delay the Disease     | <input type="radio"/> Wellness Jump Start Program |
| <input type="radio"/> Membership Services                                 | <input type="radio"/> Tour Guide            | <input type="radio"/> Board Member           | <input type="radio"/> Committee Member      | <input type="radio"/> Community Engagement        |
| <input type="radio"/> Special Events (Turkey Trot, Kid's Night Out, etc.) | <input type="radio"/> Housekeeping          | <input type="radio"/> Facilities Maintenance | <input type="radio"/> Grounds-keeping       |   |
| <input type="radio"/> Other _____   |   |  |   |   |

## MY AVAILABILITY

Please mark all of the areas that you are available or specify hours that best accommodate your schedule.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (5:30am-12pm)							
Afternoon (12-5pm)							
Evening (5pm-10pm)							

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in the Y’s volunteer activities. In addition, if applicable, I give permission for my dependents to participate in the Y’s volunteer activities. I understand that accidents can sometimes happen. Therefore, in exchange for the Y allowing me, and if applicable, my spouse and my dependents to participate in the Y’s volunteer activities, I understand and expressly acknowledge that I release the Y, its employees, its board members, members, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in the Y’s volunteering activities whether on or off the Y’s premises. I understand that this release includes any claims based on negligence, action, or inaction of the Y, its employees, board members, members, volunteers or guests.

Volunteer Signature	Date		
Parent/Guardian Signature	Date		

(If volunteer is under 18 yrs.)

**PHOTO/ AUDIO VISUAL/ NARRATIVE RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

**My Consent.** For my participation in activities to be conducted by the Kearney Family YMCA and the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), I give my consent, now and for all time, to the Kearney Family YMCA and YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast, or rebroadcast:

- Video film or footage of me,
- Sound track recordings of me,
- Photo reproductions of me,
- Any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale, or exhibition in promotions, advertising, education, and legitimate business uses. Use includes reproductions in any form and media, adaptations, and/or revisions, throughout the world and forever.

I understand and agree that there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

**OWNERSHIP, CONFIDENTIALITY, AND SHARED USE.** With respect to any of the above uses, I further agree:

- All uses shall belong to the Kearney Family YMCA and YMCA of the USA and it may be shared with others
- There is no obligation of confidentiality
- The Kearney Family YMCA and YMCA of the USA and collaborating third parties will not be liable for any use or disclosure to a third party
- The Kearney Family YMCA and YMCA of the USA shall exclusively own all known or later existing rights to the uses worldwide
- The Kearney Family YMCA and YMCA of the USA can use any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Volunteer Signature	Date		
---------------------	------	--	--

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Parent/Guardian Signature	Date		
---------------------------	------	--	--

(If volunteer is under 18 yrs.)

### Policy Prohibiting the Abuse or Mistreatment of Youth

The Kearney Family YMCA does not tolerate the mistreatment or abuse of youth in its programs. Any mistreatment or abuse by a staff member or volunteer will result in disciplinary action, up to and including termination of volunteer service.

### Policy Prohibiting the Abuse or Mistreatment of One Youth or Another Youth

The Kearney Family YMCA is committed to providing all youth with a safe environment. Our organization will not tolerate the mistreatment or abuse of one youth by another youth.

In addition, the Kearney Family YMCA will not tolerate any behavior that is classified under the definition of bullying and to the extent that such actions are disruptive, we will make the necessary steps to eliminate the behavior.

Bullying is aggressive behavior that is intentional, repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

- **Physical Bullying** - when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, and restraining another.
- **Verbal Bullying** - when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
- **Nonverbal or relational bullying** - when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
- **Cyberbullying** - The intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyber bullying can involve:
  - \* Sending mean vulgar, or threatening messages or images: Posting sensitive, private information about another person; Pretending to be someone else in order to make that person look bad; and intentionally excluding someone from an online group.
- **Hazing** - An activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
- **Sexualized Bullying** - When bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behavior includes sexting, bullying that involves exposure of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, a who then encourages it is engaging in bullying. This policy applies to all youth, staff, YMCA members, and volunteers.

Staff and volunteers should be aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse. Staff and volunteers will:

- Be familiar with the symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse.
- Know and follow organization policies and procedures that protect youth against abuse.

## CONTINUED: CHILD SEXUAL ABUSE POLICIES

### Reporting Procedure For Suspected Child Abuse

- Document the incident – facts only.
- Notify the director, or supervisor who will review the incident with the YMCA CEO, if such person is available.
- A report will be called to the Child Abuse Hotline: **1 800 652 1999** or **911** if physical abuse is suspected. The director/supervisor and the witness will make the call together. Those involved will cooperate with those in authority.
- The parents or legal guardian of the child or children involved in the alleged incident will be promptly notified.
- If the reported incident involves a volunteer, employed staff, or YMCA member, the CEO will suspend the individual until an investigation is complete.
- Whether the incident, or alleged offense take place on or off YMCA premise, it will be considered job related.
- All YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information and therefore should discuss the incident only with the CEO. The CEO is the only person who would speak to any media sources.
- Follow up to ensure appropriate action has been taken.

## REDWOODS TRAINING: CHILD SEXUAL ABUSE PREVENTION FOR VOLUNTEERS

- Volunteers must complete the 15 minute online Redwoods Training: *Child Sexual Abuse Prevention for Volunteers* prior to beginning their hours.

I have read the YMCA policies and agree to comply with them and all policies of the Kearney Family YMCA. I understand that I will need to complete and provide a printed certificate of proof that I have completed the Redwoods Training: *Child Sexual Abuse Prevention for Volunteers* prior to the start of my volunteer hours.

Volunteer Signature

Date

Parent/Guardian Signature

Date

(If volunteer is under 18 yrs.)

## VOLUNTEER CODE OF CONDUCT

- I will abide by the standards of conduct set forth by the YMCA.
- I will not abuse children including:
  - Physical abuse– strike, spank, shake, slap, excessive exercises;
  - Verbal abuse– humiliate, degrade, threaten;
  - Sexual abuse– inappropriate touch or verbal exchange;
  - Mental abuse– shaming, withholding love, cruelty;
  - Neglect– withholding food, water, basic care, etc.
- I will do everything in my power to avoid being put in a situation where I am alone with a YMCA child other than my own. In fact, caring for any YMCA child other than your own on a one-on-one basis is prohibited.
- I will not leave young children unsupervised.
- I will portray a positive role model for youth by maintaining an attitude of honesty, caring, respect, responsibility, loyalty, patience, and maturity.

**CONTINUED: VOLUNTEER CODE OF CONDUCT**

- I will refrain from profanity, inappropriate jokes, sharing intimate details of my personal life, and any kind of harassment in the presence of children and parents.
- I will not smoke or use tobacco in the presence of children or parents during YMCA activities. In addition, I will not use, possess, or be under the influence of alcohol or illegal drugs in YMCA activities.
- I will not touch children in body areas that a bathing suit would cover.
- I will not transport children in my own vehicle.
- I will appear clean, neat, and appropriately dressed.
- I will not release children to anyone other than the authorized parent, guardian, or adult authorized by the parent or guardian.
- I am free of physical or psychological conditions that might adversely affect children’s physical or mental health.
- I will not date program participants under the age of 18.
- I will not fraternize with YMCA youth participants away from the YMCA. However, if I have children that have YMCA participants as friends, I must obtain permission from the YMCA youth participants’ parents to fraternize with my children. If the YMCA learns of a violation of this policy, the violation may be grounds for removal as a volunteer.
- I will treat children of all races, religions, and cultures with respect and consideration.
- Nebraska law requires that all citizens report any suspected abuse or neglect of a child to the Nebraska Department of Children and Family Services and the local law enforcement agency.

Volunteer Signature	Date		
Parent/Guardian Signature	Date		

(If volunteer is under 18 yrs.)



## CONTINUED: VOLUNTEER CODE OF CONDUCT

- I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the Nebraska Department of Children and Family Services and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to the full extent of the law under the laws of the state of Nebraska.
- I understand that any violation of this Code of Conduct may result in legal action and my dismissal as a volunteer and member of the YMCA.

Volunteer Signature

Date

Parent/Guardian Signature

Date

(If volunteer is under 18 yrs.)

## VOLUNTEER AGREEMENT

- I certify that the information contained in this application is correct and complete to the best of my knowledge.
- Acceptance as a volunteer with the Kearney Family YMCA is contingent upon successful completion of the volunteer application process and, if requested, criminal history check.
- I understand that as a volunteer I am not an employee of the YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under Nebraska Workers Compensation Laws.
- I agree to abide by the YMCA's policies, procedures, and Code of Conduct.
- I understand that the YMCA is not responsible for my personal property lost, damaged, or stolen while participating in volunteer activities.
- I give permission for the YMCA representatives to provide or arrange emergency care for me, and to arrange for transport to an emergency center for treatment if deemed medically necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment of such medical treatment.
- I have carefully read the Code of Conduct and Volunteer Agreement, understand their contents, and acknowledge that I am solely responsible for any injuries incurred while volunteering with the YMCA. I release the YMCA, its agents, directors, and employees from all forms of liability.

Volunteer Signature

Date

Parent/Guardian Signature

Date

(If volunteer is under 18 yrs.)

**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure a volunteer position with the YMCA is true, complete, and correct, and 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 interview. I hereby waive any and all claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering, and using such information in the volunteer 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 that the YMCA will conduct a criminal background check prior to and during my volunteering, as well as a child abuse 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 volunteering.

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, employment, and volunteering on the basis of race, color, veteran’s status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant’s ability to perform satisfactorily the position available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of volunteerism to the applicant.

Initial: \_\_\_\_\_

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for volunteering, it may be necessary to reapply and fill out a new application. Volunteering with the YMCA is volunteerism at will which means that volunteers may end their volunteering at any time, for any reason; and that the YMCA may terminate volunteers at any time for any reason, with or without cause.

Initial: \_\_\_\_\_

I understand that if I am accepted, 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 Form in this regard, and I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

Initial: \_\_\_\_\_

**Notice and Consent Concerning Consumer and Investigative Consumer Reports**

The Kearney Family YMCA may request consumer reports or investigative consumer reports in connection with your volunteer employment application, or during the course of your volunteer employment with the Kearney Family YMCA, or for other volunteer related purposes.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, criminal record checks, court record checks, driving records, and/or summaries of educational and employment records and histories. If applying for a position where you may supervise, discipline or care for minors, this information may include criminal and arrest records, and you may be required to submit fingerprints in a manner required by the Kearney Family YMCA. The information contained in these reports may be obtained by a consumer reporting agency, from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances . Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment, or retention.

**Consent Statement**

I have carefully read and understand this notice and consent form and confirm that all such information is true and correct. By my signature below, I consent to the release of consumer or investigative consumer reports, as defined above, to the Kearney Family YMCA (1) in conjunction with my application for volunteer employment, and (2) during the course of my volunteer employment, if any. I further understand that this consent will apply during the course of my volunteer employment with the Kearney Family YMCA. I understand and agree that this consent will remain in effect indefinitely. I further understand that any and all information contained in my employment application or otherwise disclosed to the Kearney Family YMCA by me may be utilized for the purpose of obtaining the consumer reports requested by the Kearney Family YMCA. I understand and acknowledge that nothing in the Notice and Consent is to be, or is, an offer of employment or a promise of continued employment. I further understand that my volunteer employment with the YMCA is "at will," meaning that either I or the YMCA may terminate the employment relationship at any time for any reason, with or without cause or notice.

Volunteer Name Printed	Date		
Volunteer Signature	Date		
Parent/Guardian Signature	Date		
(If volunteer is under 18 yrs.)			
YMCA Branch	Date		

**Kearney Family YMCA**  
4500 6th Ave  
P: (308) 237-9622  
E: [dnelson@kearneyymca.org](mailto:dnelson@kearneyymca.org)