

VOLUNTEER APPLICATION & AGREEMENT



(The Y does not participate in court-ordered community service.)

PLEASE PRINT CLEARLY

Date _____ Position Desired _____

Name _____ Birthdate _____

Address _____ Phone (home) _____

City _____ State _____ Zip _____ Phone (cell) _____

Email _____ Phone (work) _____

Driver's License # _____ Social Security # _____

List previous address if less than 2 years:

Address _____ City _____ State _____ Zip _____

Are you a student? if yes, name of school _____ Grade/Year _____

Place of employment _____ Title _____

Address _____ City _____ State _____ Zip _____

Have you ever been arrested or convicted of any criminal offense? _____ Yes _____ No

If yes, please explain: _____

What do you hope to gain from volunteering? _____

What other organizations have you volunteered with? _____

List any formal/informal training or experiences you have as a coach or volunteer: _____

REFERENCES: Please list the names, occupation and telephone numbers of two people (not related) who have known you for a minimum of 1 year. They will be contacted.

Name	Occupation	Home Number	Work Number

PLEASE LIST YOUR AVAILABILITY:

Mon _____ - _____ Tues _____ - _____ Wed _____ - _____ Thurs _____ - _____ Fri _____ - _____

Sat _____ - _____ Sun _____ - _____ Comments _____

VOLUNTEER CODE OF ETHICS AND RULES



1. Smoking or use of tobacco products in the CCFYMCA 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:
 - A. Physical Abuse - strike, spank, shake, slap
 - B. Verbal abuse - humiliate, degrade, threaten
 - C. Sexual abuse - including inappropriate touching and exposure
 - D. Mental abuse
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 CCFYMCA.
8. Volunteers will refrain from intimate display of affection toward others in the presence of children, parents, members 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 our members/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 CCFYMCA child other than their own, in fact, caring for any CCFYMCA child other than their own, on a one-on-one basis such as baby-sitting is prohibited.
13. Volunteers will not fraternize with youth participants away from the YMCA.
14. However, if Y volunteers have children that have YMCA participants as friends the Y volunteer must obtain permission from the YMCA youth participants' parents to fraternize with their children. If the CCFYMCA learns of a violation of this policy, the violation may be grounds for removal as a CCFYMCA volunteer.
15. Oklahoma State laws require that all citizens report any suspected abuse or neglect of a child to the State of Oklahoma Department of Human Services and law enforcement agency. Please contact a YMCA director and immediately. Not reporting is considered a misdemeanor.
16. All accidents or injuries of participants and myself must be reported to the CCFYMCA supervisor on duty.
17. I understand that if I use my automobile, I will not be reimbursed by the CCFYMCA and that my personal insurance is my primary coverage.
18. All inquirers from the media or press are to be directed to the appropriate staff person.
19. I have received a copy of this code of ethics and rules.
20. I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge. I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

VOLUNTEER'S SIGNATURE

DATE

COACHES ONLY:



What sports have you coached/played: _____

Name of organizations: _____

Do you have an age level preference? _____

What areas of coaching do you feel you need additional training in:

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Rules | <input type="checkbox"/> Strategy | <input type="checkbox"/> Safety | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Warm ups | <input type="checkbox"/> Conditioning | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Organization | <input type="checkbox"/> Dev. Sportsmanship | <input type="checkbox"/> Motivation |

Y COACHES CREED

INITIALS

I pledge myself to uphold the high standards of the Y in all my associations with team members, coaches, spectators and opposing teams. _____

I will exemplify all the principles of good sportsmanship and instill them in the youths under my care. I will not permit any un-sportsman like conduct from players or spectators representing the team I am coaching. _____

I will by personal example, display the qualities of leadership that will inspire youths to strive toward the goal of good leadership and sportsmanship. _____

In accordance with Y principles, I shall make fair play and good sportsmanship the primary objective of all competition. _____

My primary aim as a Y coach shall be the development of youth, spiritually, mentally, and physically. _____

I will abide by and uphold the rules and regulations governing athletic contests, as established by the Y. _____

I will, before any athletic contest is started, line up all my team players and coaches together with the officials and recite the Y Pledge or a prayer. _____

I will, after any athletic contest is completed, line up my team facing our opposition and lead them in shaking hands with each member and coach of the opposing team. _____

I have read the Coaches Creed and fully agree with the conditions of the creed. I fully understand the team I am coaching is not my team, the Y team, and I understand that I will be relieved of my duties as a coach if found guilty of any major violation. _____

I understand that if I designate someone to coach in my absence it is my responsibility to see that they comply with our volunteer screening policies. _____

CLEVELAND COUNTY FAMILY Y CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK



I hereby give my permission for the CLEVELAND COUNTY FAMILY YMCA to obtain information relating to my criminal history record through local, state or national reporting agencies. The criminal history record, as received from the said reporting agencies, may include arrest and conviction data. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with this organization. I also understand that as long as I remain an employee or volunteer with the CLEVELAND COUNTY FAMILY YMCA, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold the CLEVELAND COUNTY FAMILY YMCA and each of their officers, directors, employees, and agent harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation on my background in connection with my application to become or remain as an employee or volunteer.

The following is for identification purposes only to perform the background check and will not be used for any other purpose.

Applicant's Signature

Date

PRINT Applicant Legal Name

Social Security Number

Date of Birth

Race

Sex

Current Address (Street, State, Zip)

Previous Addresses, Last 7 Years (Street, State, Zip)

Any other names I have been known by (including maiden name)

IN AN EFFORT TO FACILITATE THIS PROCESS, PLEASE FILL OUT ALL INFORMATION THOROUGHLY AND CLEARLY.

Director's Signature