



YMCA of the Northwoods VOLUNTEER APPLICATION

DATE: _____

Please print legibly in ink. You must complete the entire application

APPLICANT INFORMATION

Name (first, middle, last)	Phone Number/Cell Number ()
Address (street, city, state, zip code)	Social Security number(necessary for background check)
Please list any other names under which you have worked or attended school(maiden).	Email Address:
Are you at least 18 years old? Yes No Date of birth _____ Volunteers under 18 years of age will need permission signature from their parent or guardian.	Are you a current member of the YMCA of the Northwoods? Yes No
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? Yes No If yes, explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted.	
We conduct criminal record checks on all volunteers. Convictions are not an automatic bar to volunteer opportunities. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate removal from volunteer service. If you are unsure how to complete this information, please contact the Human Resources Department.	

ASSIGNMENT PREFERENCES

Please indicate your availability for volunteer service: (check any that apply)

Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times of Day: Morning Afternoon Evening List hours per week desired _____

Please indicate in numerical order the top three areas of interest:

<input type="checkbox"/> Aquatics/Swim instructor	<input type="checkbox"/> Welcome Desk greeter	<input type="checkbox"/> Committee or Board of Directors Service
<input type="checkbox"/> Adventure Alley drop-in childwatch	<input type="checkbox"/> Fit & Fun Afterschool program	<input type="checkbox"/> Annual Special Events
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Summer Day Camp	<input type="checkbox"/> Teen (teen night, Boys or Girls Night Out)
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> LiveSTRONG Program	<input type="checkbox"/> Youth Sports/Leagues (coach or ref)
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Clerical projects	<input type="checkbox"/> Property/Building Maintenance
<input type="checkbox"/> Other areas of interest _____		

ADDITIONAL INFORMATION

Why do you want to volunteer at the YMCA of the Northwoods?

Please list all training, skills, certifications, etc. which you plan to utilize in your volunteer service.

Describe your goals for performing volunteer service with the YMCA.

How did you learn of volunteer opportunities at the YMCA? (check all that apply)

Prior Volunteer _____	Community Agency _____	Volunteer/Employee Referral _____
School/ College _____	Radio/ Newspaper _____	Other _____
YMCA Website _____		

WORK & VOLUNTEER SERVICE EXPERIENCE			
Have you ever performed volunteer service before?	Yes	No	If yes, when? _____
Please describe:			
Have you ever been paid to work for the YMCA?	Yes	No	If yes, when? _____
Please describe:			
Are you currently employed?	Yes	No	May we contact your current/past employer for reference purposes? Yes No
Name of Employer:		Job Title:	
Name of Supervisor:		Phone Number: ()	
Or Past Employment:			
Name of Employer:		Job Title:	
Name of Supervisor:		Phone Number: ()	
PERSONAL/PROFESSIONAL/FAMILY REFERENCES			
Name		Phone Number: ()	
		Email Address:	
Address			
Relationship		How long known?	
Name		Phone Number: ()	
		Email Address:	
Address			
Relationship		How long known?	
EMERGENCY CONTACT INFORMATION			
Name		Phone Number: ()	

Please read carefully before signing this application.

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of volunteering or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. I authorize the YMCA of the Northwoods to investigate and verify any and all information provided on this volunteer application. Such information and verification whether favorable or unfavorable may be provided by present or former employers, references provided, or any individual familiar with my background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my background or me.
3. Regardless of whether or not I become a volunteer with the YMCA of the Northwoods, I recognize that this application is not and should not be considered a contract. I understand that volunteering at the YMCA of the Northwoods is on an at-will basis and that my volunteer assignment may be terminated with or without cause, and without notice, at any time, at my option or the YMCA's unless specifically provided otherwise.
4. In consideration of the publicity benefits to me and of my involvement by the YMCA of the Northwoods, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the YMCA of the Northwoods harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.
5. I understand that I am a volunteer for a non-profit human services organization, and that I am donating my time/service to the YMCA of the Northwoods. As a volunteer, I understand that I will not receive any compensation, benefits or exchange of privileges in return for my service. I further understand that if I am injured while working as a volunteer for the Y, general liability insurance may be the sole and exclusive remedy for any such injury.
6. I understand that I may have access to confidential information and I agree not to disclose that information either within or outside the YMCA.

Signature: _____

Signature of Parent or Guardian: (if you are under the age of 18) _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE YMCA!

You will be contacted by the Director of the department and should you have any further questions, contact the HR Dept at 715-362-9622

BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

Check the box that applies to you.

- | | |
|--|---|
| <input type="checkbox"/> Employee / Contractor (including new applicant)
<input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Household member (lives on premises, but is not a client)
<input type="checkbox"/> Other – Specify: _____ |
|--|---|

NOTE: If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date (<i>MM/dd/yyyy</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

Note: The areas below that are designated for responses are expandable.

SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes No

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes No

3. **IMPORTANT: Read before completing item 3.**
Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY. “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.

If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes No

- 4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes No

 If **Yes**, explain, including when and where it happened.

- 5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes No

 If **Yes**, explain, including when and where it happened.

- 6. Has any government or regulatory agency (other than the police) ever found that you **abused an elderly person**? Yes No

 If **Yes**, explain, including when and where it happened.

- 7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes No

 If **Yes**, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

- 1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? Yes No

 If **Yes**, explain, including when and where it happened.

- 2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? Yes No

 If **Yes**, explain, including when and where it happened and the reason.

- 3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? Yes No

 If **Yes**, indicate the year of discharge: _____
 Attach a copy of your DD214, if you were discharged within the last three (3) years.

- 4. Have you resided outside of Wisconsin in the last three (3) years? Yes No

 If **Yes**, list each state and the dates you resided there.

- 5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? Yes No

 If **Yes**, list each state and the dates you resided there.

- 6. Have you had a caregiver background check done within the last four (4) years? Yes No

 If **Yes**, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

- 7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe? Yes No

 If **Yes**, list the review date and the review result. You may be asked to provide a copy of the review decision.

Read and initial the following statement.

_____ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form

Date Submitted



YMCA of the Northwoods

Child Abuse Reporting Procedure

The YMCA of the Northwoods advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food or restroom privileges, confining children in small rooms or verbal or emotional abuse.

Affectionate touch and the warm feelings it brings is an important factor in helping a child grow into a loving and peaceful adult. However, YMCA staff and volunteers need to be sensitive to each persons need for personal space (i.e., not everyone wants to be hugged). The YMCA encourages age appropriate touch that helps children develop feelings of trust, security and self esteem; however, at the same time it prohibits inappropriate touch—touch that exploits a child or touch initiated by an adult for the adult’s gratification or other means of sexually exploiting children.

In the event that there is an accusation of child abuse, the YMCA will take prompt and immediate action as follows:

1. At the first report or probable cause to believe that child abuse has occurred, the Volunteer/employed staff person it has been reported to will notify the program director, who will then review the incident with the YMCA Executive Director, or his/her designate. However, if the program director is not immediately available, this review by the supervisor cannot in any way deter the reporting of child abuse by the mandated reporter. Most states mandate each teacher or childcare provider to report information they have learned in their professional role regarding suspected child abuse. In most states, mandated reporters are granted immunity from prosecution.
2. The YMCA will make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.
3. In the event the reported incident(s) involve a program volunteer or employed staff, the executive director or his/her designate will, without exception, suspend the volunteer or staff person from the YMCA.
4. The parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the relevant state or local agency.
5. Whether the incident or alleged offense takes place on or off YMCA premises, it will be considered job related (because of the youth-involved nature of the YMCA).
6. Reinstatement of the program volunteer or employed staff person will occur only after all allegations have been cleared to the satisfaction of the Executive Director or his/her designate.
7. All YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the Executive Director or his/her designate.
8. All full time and part time employees and program volunteers must read and sign this policy.

Employee/Volunteer Signature

Date

Witness Signature

Date



YMCA of the Northwoods

Childcare Code of Ethics

The following Childcare Code of Ethics has been adopted by the YMCA of the Northwoods:

1. In order to protect YMCA staff and volunteers, and program participants, at no time during a YMCA program may a staff and volunteers person be alone with a single child where he or she cannot be observed by others. As staff and volunteers supervise children, they should space themselves in such a way that other staff and volunteers can see them.
2. Staff and volunteers shall never leave a child unsupervised.
3. Restroom Supervision: Staff and volunteers will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff and 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 staff and volunteers (not being alone with a child). If staff and 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 pairs, and whenever possible, with staff and volunteers.
4. Staff and volunteers should conduct or supervise private activities in pairs – putting on bathing suits, taking showers, etc. when this is not feasible, staff and volunteers should be positioned so that they are visible to others.
5. Staff and volunteers shall not abuse children including:
 - Physical abuse – to strike, spank, shake, slap;
 - Verbal abuse – humiliate, degrade, threaten;
 - Sexual abuse – to inappropriately touch or speak;
 - Mental abuse – to shame, withhold kindness, be cruel;
 - Neglect – to withhold food, water, basic care, etc.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff and volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff and 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 situation (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. Staff and volunteers will conduct a health check of each 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 in writing.
8. Staff and volunteers must respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.
9. Staff and volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff and volunteers will refrain from intimate displays of affection toward others in the presence of children, parents and staff and volunteers.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.



12. An employee’s position and department dictate the type of clothing or uniform that is worn. Clothes, uniforms, hairstyles, and overall appearance must be neat, clean and in good taste at all times.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Possession or use of any type of weapon or explosive device is prohibited.
15. The YMCA of the Northwoods’ facility and property is a NON-SMOKING environment.
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. Staff and volunteers must be free of any physical or psychological conditions that might adversely affect the children’s physical or mental health. If in doubt, an expert should be consulted.
17. Staff and volunteers will portray a positive role for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff and volunteers may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to CEO or designated executive approval.
19. Staff and volunteers are not to transport children in their own vehicles.
20. Staff and volunteers may not date program participants under the age of 18 years of age.
21. Under no circumstances should staff and volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA.)
22. Staff and volunteers is required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend training on the subject, as instructed by a supervisor.
23. Staff and volunteers will model the four core values of: Caring, Honesty, Respect and Responsibility.

I have read, understand, and in signing below, agree to comply with the Code of Ethics stated above, knowing that violation of these policies may be grounds for the termination of my assignment or employment with the YMCA of the Northwoods.

Employee/Volunteer Signature

Date

Witness Signature

Date