



VOLUNTEER APPLICATION AND AGREEMENT

Thank you for considering the **ARLINGTON-MANSFIELD AREA YMCA** as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in Arlington Community.

At the ARLINGTON-MANSFIELD AREA YMCA, we embrace an inclusive strategy of involving volunteers who reflect the wonderful diversity of our community. We regard your time as a valuable contribution to the fulfillment of our programs goals and objectives.

Because the safety and well-being of children is so critical, our number one job is to protect the children and youth who participate in YMCA program services. **All Volunteers are required to complete and sign** the enclosed Volunteer Application and Consent Form for Criminal Background History Check.

PLEASE PRINT CLEARLY Are you 18 years of age or over? Yes No (If No, Parent Requirement)

Date _____ Volunteer Position Desired _____ Location _____

Name _____
(Last) (First) (Middle)

Address _____ How Long _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Driver's License #: _____ State _____ Classification: A B C M

Previous Names Used _____ Telephone _____

Previous Residences _____ How Long _____

City _____ State _____ Zip _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL OFFENSE? YES ___ NO ___

If Yes, please explain: _____

Please exclude the following situations:

- > Minor Traffic violation for which the fine was \$200 or less
- > Any offense which was finally settled in a Juvenile Court or under a Welfare Youth Offender Law

Employment History:

Please list your last two (2) Employers, starting with the most recent:

1. _____

Place of Employment and Current Job Title

Dates of Employment _____ Employer Telephone: _____

Address _____

City _____ State _____ Zip _____

2. _____

Place of Employment and Previous Job Title

Dates of Employment _____ Employer Telephone: _____

Address _____

City _____ State _____ Zip _____

References: Requirement: We confirm references

Please list the names of three (3) people that will know you well enough to provide us sufficient information. List one (1) business reference and two (2) personal references (can list one family member)

1. Name _____ Telephone _____

Relationship _____ How long have you known this reference _____

2. Name _____ Telephone _____

Relationship _____ How long have you known this reference _____

3. Name _____ Telephone _____

Relationship _____ How long have you known this reference _____

DESCRIBE ANY FORMAL/ INFORMAL TRAINING/EXPERIENCE YOU MAY HAVE HAD AS A COACH OR VOLUNTEER and WHICH SPORT(S): (Coaching, Courses, P.E. Degree, etc..)

Years of Experience Coaching/Playing Sports: _____

What do you hope to gain from Volunteering: _____

Do you have a age level preference, if so why _____

Education Note: Formal education is not required to be a volunteer. We welcome experience of all kinds!

	Name and Location	Course of Study	Start and End Dates	Did You Graduate?	Degree or Diploma
High School					
Trade or Business					
College					
Other					

Other Skills: (Working with children, etc.) _____

I hereby affirm that my answers are true and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my immediate discharge.

I hereby give my permission for the Arlington-Mansfield Area YMCA to obtain information relating to my Criminal History record. I understand that this information will be used to determine my eligibility for employment/volunteer position with this organization. I also understand that as long as I remain an employee/volunteer here, my Criminal History records may be confirmed at any time.

Signature _____ **Date** _____

Parent's or Guardian's Signature _____ **Date** _____

(if you're under 18)



ARLINGTON-MANSFIELD AREA YMCA COACHES' STATEMENT OF BELIEF

I pledge myself to uphold the high standards of the YMCA 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-sports-man-like conduct from players or spectators representing the team I am coaching.

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

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

My primary aim as a YMCA Coach shall be the development of youth, spiritually, mentally, and physically.

I will adhere by and uphold the rules and regulations governing athletic contests, as established by the YMCA.

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

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

I have read the Coaches' Statement of Belief and fully agree with the conditions of the statement. I fully understand the team I am coaching is not my team, but is a YMCA Team, and I understand that I will be relieved of my duties as a coach if found guilty of any violation.

Coach Signature

Date



ARLINGTON-MANSFIELD AREA YMCA VOLUNTEER ACKNOWLEDGEMENT

Initial I understand that I am to immediately report accidents or injuries of myself and Participants to the YMCA Branch Manager.

Initial I understand that I am required by law to report known or suspected instances of child abuse and that not doing so are considered a misdemeanor. Please call 1-800-252-4500, the Department of Protective and Regulatory Services and notify The Executive Director of your Arlington-Mansfield Area Family Center in which you volunteer.

Initial I understand that if I use my automobile, I will not be reimbursed by the YMCA and that my personal insurance is my primary coverage

Initial I understand the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA Staff person.

Initial I understand the policy of the YMCA is to cooperate with the authorities in the investigation of suspected child abuse and molestation situations. I, as a Volunteer, agree to cooperate with the investigation as requested.

Volunteer Signature

Date

YMCA Staff Person

Date



ARLINGTON-MANSFIELD AREA YMCA VOLUNTEER CODE OF ETHICS AND RULES

1. Smoking or use of tobacco products in the presence of children 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, etc
 - B. Verbal Abuse- Humiliate, Degrade, Threaten, etc
 - C. Sexual Abuse- including inappropriate touching and exposure
 - D. Mental Abuse
4. Volunteers must treat children of all races, religion, 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 refrain from humiliating or frightening discipline techniques
7. Volunteers shall not use profanity in the presence of children or parents
8. Volunteers will refrain from intimate display of affection toward others in the presence of children, parents or staff.
9. Monetary and expensive gifts to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect 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 YMCA child other than their own. In fact, caring for any YMCA child (member), on a one-on-one basis such as baby-sitting is prohibited.
13. Volunteers will not associate with YMCA youths participants away from the YMCA. However, if volunteers have children that have YMCA participants as friends, the Y volunteer must obtain permission from the YMCA youth participant's parents to associate with their children. If the YMCA learns of a violation of this policy, the violation may be grounds for removal as a volunteer.
14. Texas State Laws requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Protective and Regulatory Services and Law Enforcement Agency.

I understand that as a volunteer for the YMCA, I will be subject to a background check, including Criminal History. I understand that any violation of this code may be grounds for removal as a volunteer.

Volunteer Signature

Date



ARLINGTON-MANSFIELD AREA YMCA VOLUNTEER TELEPHONE REFERENCE FORM

YMCA Staff/Office Use ONLY

The applicant (below) is being considered for volunteer opportunities with the Arlington-Mansfield Area YMCA. Your name was given as a personal reference. Every volunteer may be working with or around children. We have a standard reference procedure that must be conducted. May I ask you a few questions?

Volunteer Name: _____ Date _____

Reference # 1 Personal

Name: _____ Telephone _____

How long have you known the applicant and your relationship: _____

Have you observed him/her working with children; in what type of environment did you observe: _____

Do you have any reservations about his/her moral character: _____

Any other information you would like to share that will help the association evaluate their capabilities _____

Reference # 2 Personal

Name: _____ Telephone _____

How long have you known the applicant and your relationship: _____

Have you observed him/her working with children; in what type of environment did you observe: _____

Do you have any reservations about his/her moral character: _____

Any other information you would like to share that will help the association evaluate their capabilities _____

Reference # 3 Business

Verification of Employment

***Announce your name & Arlington-Mansfield Area YMCA; "I need to verify employment on: applicant"**

Employer: _____ Telephone _____

Name of person providing Employment Verification _____

Applicant Position/Title _____

Dates of Employment: Hire Date _____ End Date _____

Reason for leaving (*if no longer employed*) _____

YMCA Staff/Management Performing Reference Call:

Name _____

Position/Title _____ Department _____

Notes/ Comments: _____



ARLINGTON-MANSFIELD AREA YMCA RELEASE AND WAIVER OF LIABILITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Arlington-Mansfield Area YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or the affiliated program.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ARLINGTON-MANSFIELD AREA YMCA FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE ARLINGTON-MANSFIELD AREA YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. The undersigned hereby releases, waives, discharges and covenants not to sue the Arlington-Mansfield Area YMCA, its directors, officers, employees, and agents (the releasees) from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Arlington-Mansfield Area YMCA, without respect to location.**
- 2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any**

facilities or equipment of the Arlington-Mansfield Area YMCA or participating in any program affiliated with the Arlington-Mansfield Area YMCA, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.

4. The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.

5. The undersigned gives permission to the Arlington-Mansfield Area YMCA to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.

6. The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.

I further, definitely agree that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the laws of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the release and waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature

Date

Print Name

Date

Parent or Guardian's Signature (if under 18 years of age)

Date