



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# VOLUNTEER APPLICATION

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA, without them we would not be able to meet the needs of the communities we serve.

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Branch: \_\_\_\_\_

## PLEASE ANSWER ALL QUESTIONS

Name (first, middle, last)	Daytime Telephone ( )
Address (street, city, state, zip code)	Evening Telephone ( )
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: ____/____/____ Volunteers under 18 years of age will need written permission from their parents or guardian.	Mobil Telephone ( )
Have you ever filed an application with the Greater Hartford YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date(s):	Email address
Have you ever been employed/volunteered by another YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?	
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? ___ Yes ___ No If yes, please give information regarding the nature of the charge, the date and location of convictions and the final disposition of the case:	

## ASSIGNMENT PREFERENCES

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

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

Times of Day:  Morning  Afternoon  Evening Number of hours per week desired \_\_\_\_\_

## SKILLS AND QUALIFICATIONS

Describe any volunteer work, interest, hobbies, sports, training, honors and other experiences relevant to your ability to volunteer services:

\_\_\_\_\_

List any foreign language (s) that you can speak, read or write:

\_\_\_\_\_

Do you have any certifications (i.e. CPR, First Aid, Swim Instructor, Teacher, etc)? \_\_\_\_\_ If so, please list: \_\_\_\_\_

\_\_\_\_\_

List any other information you would like us to consider: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

	Name & Location	Course of Study	Start/End Dates	Did you graduate?	Degree/Diploma
High School					
Trade or Business					
College					
Other					

## WORK & VOLUNTEER SERVICE EXPERIENCE

Have you ever performed volunteer service before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been paid to work the YMCA?  Yes  No If yes, when? \_\_\_\_\_  
Please describe: \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer for reference purposes?  Yes  No

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of immediate Supervisor: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

## PROFESSIONAL/PERSONAL REFERENCES (at least 2 work related)

Name (first, middle, last)	Daytime Telephone ( )
Address	<b>Email Address</b>
Relationship:	How long known?
Name (first, middle, last)	Daytime Telephone ( )
Address	<b>Email Address</b>
Relationship:	How long known?
Name (first, middle, last)	Daytime Telephone ( )
Address	<b>Email Address</b>
Relationship:	How long known?

### Please read carefully before signing this application.

- The facts set forth in my application for employment are true, correct and complete. I understand that if employed, false, misleading or incomplete statements on this application shall be considered sufficient cause for dismissal if I am chosen for a volunteer position.
- I hereby authorize the YMCA to take appropriate steps to verify the information given above on this Volunteer Application. I further understand that no promises have been made to me regarding a volunteer position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian's signature (if you are under 18)

# Applicants Authorizations - Must be completed

## **Volunteer Verification Release**

**I hereby authorize all current and former employers, educational institutions, and organizations where I have provided volunteer services to furnish the YMCA of Metropolitan Hartford, Inc. ("YMCA") or it's designees with any information requested concerning me which is on record or otherwise, and do hereby release all former employers, educational institutions, organizations where I have provided volunteer services and individuals working on their behalf, from any and all liability whatsoever that might otherwise be incurred in furnishing such information**

**I hereby authorize the YMCA and any and all individuals working on it's behalf to release any information concerning me which is on record or otherwise, requested by current or future employers, educational institutions, or other appropriate institutions and individuals regarding my performance as a current or former employee or volunteer of the YMCA and do hereby release the YMCA and any and all individuals working on it's behalf, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.**

## YMCA of the USA's - Child Abuse Prevention

## CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants – at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff 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.
4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including:
  - physical abuse – strike, spank, shake, slap;
  - 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.Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff 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 situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.
7. Staff 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.
8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.
9. Staff 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 in areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
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. Staff must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
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 must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of 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 administrator approval.
19. Staff are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstance should staff 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 are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

***I understand that any violation of this Code of Conduct may result in termination.***

**My signature below indicates that I have read, understand, and agree to the above release and code of conduct:**

\_\_\_\_\_  
Volunteer Signature and Print Name

\_\_\_\_\_  
Branch Staff

\_\_\_\_\_  
Date

# YMCA of Metropolitan Hartford, Inc.

## BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on me including, but not limited to, consumer credit history, criminal history, driving history, education and other reports. These reports may include information as to my character, work habits, job/volunteer performance, and experience, along with reasons for termination of past employment. I further understand that information will be requested from various Federal, State, and other agencies, which may maintain records concerning my past activities relating to my driving, credit performance, criminal conduct, civil court, and other experiences. The information provided will not necessarily result in the rejection of my application, but will be considered as it relates to the performance of the job/volunteer duties for which I am applying.

I authorize, without reservation, any party or agency contacted to furnish the above information.

I hereby consent to your obtaining the above information. And, I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

\*\*\*\*\*PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY\*\*\*\*\*

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES\_\_\_ (State \_\_\_Year \_\_\_) NO\_\_\_

DO YOU HAVE ANY PENDING CRIMINAL/MOTOR VEHICLE COURT CASES? YES\_\_\_ (State \_\_\_Year \_\_\_) NO\_\_\_

If yes, what was the nature of the crime?

\_\_\_\_\_  
 \_\_\_\_\_

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

List ALL other first & last names ever used: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires \_\_\_\_\_

List addresses for **LAST SEVEN YEARS – START WITH CURRENT ADDRESS** (Use additional sheet if needed):

Street	City	State	Zip	How long at address? Years Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For EMPLOYER Use Only:</b>	Requested by _____	Phone _____	Fax _____
CT Criminal Report: <input checked="" type="checkbox"/>		Sex Offender Registry <input checked="" type="checkbox"/>	
CT Criminal Motor Vehicle Report <input checked="" type="checkbox"/>		Driver History Report (Anyone driving for Y): _____	
Other State Reports (if less than 7 yrs in CT) <input checked="" type="checkbox"/>		Credit Report (Exec, Office Mgr., Finance Dept): _____	
<b>HR Department Approval Signature (Volunteers Only)</b> _____		<b>Date:</b> _____	

**FAX TO RSIA AT: (860) 678-0099 or (860) 678-1996** **Date Faxed to RSIA:** \_\_\_\_\_



5/2010

# Authorization for Release of Information for DCF CPS Search



I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
(Type Applicant Name)

their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

**By:** Agency Name / Address/City / State / Zip Code  
**Attention:** Human Resources  
**Agency:** YMCA of Greater Hartford  
**Address:** 241 Trumbull Street  
**City:** Hartford  
**State:** CT **Zip Code:** 06103

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Street (No P.O. Boxes) \_\_\_\_\_ Apartment No. \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 \_\_\_\_\_ How Long at Current Address: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**Previous Address(es)/List All for the Last Five Years (continue on reverse side of form if necessary)**  Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From Month/Yr.	To Month/Yr.

**Other Names I have Used – Including Maiden, Previous Marriages(s)**  Check if reverse side used

Last	First	Middle

**Name of Spouses/Other Adults in the Home – Past and Present**  Check if reverse side used

Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)
				N/A	N/A
				N/A	N/A
				N/A	N/A

**Names of ALL Child(ren) – Biological, Stepchildren Including Adult Children In or Out of the Home**  Check if reverse side used

Last	First	Middle	Sex	D.O.B. Month/Day/Year

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE

FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED

\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

**Mail to: DCF Hotline Background Searches – 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106**

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: \_\_\_\_\_ RECORD FOUND: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_

CJ \_\_\_ CW \_\_\_ DT \_\_\_ EH \_\_\_ FV \_\_\_ GL \_\_\_ IV \_\_\_ RCY \_\_\_ TT \_\_\_ WG \_\_\_ WH \_\_\_ WLR \_\_\_ Metro \_\_\_ Date Original Mailed: \_\_\_\_\_