

**YMCA of Honolulu
Volunteer Checklist**

Volunteer Name:

Branch:

Begin Date:

Date of Birth:

Date of Background Check:

I. FORMS

A. REQUIRED

1. Application
2. Volunteer Handbook Acknowledgement Form
3. Code of Conduct
4. YMCA of Honolulu Acknowledgement Form
5. Reference Checks

II. REQUIRED TRAINING

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1. Amatus Training



YMCA OF Honolulu VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the **YMCA of Honolulu**. The YMCA was founded by volunteers and we could not function today without them! Please take a moment to complete the following information so we may get to know you better. **Notice to Applicants, Employees and Volunteers: The YMCA of Honolulu maintains a "zero tolerance" for abuse.**

Remember that all Child Care volunteer applicants ages 18 years and older must agree to a criminal background check and be fingerprinted according to state law (child protection act) and YMCA policy.

**To help us learn about your experience, abilities, and interests.
Please complete this Application for Volunteer as thoroughly as possible.**

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Telephone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	E-Mail Address
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
If you are 16 or 17 years old, can you provide your Certificate of Age number: <input type="checkbox"/> YES <input type="checkbox"/> No		

- | | | | |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Atherton Branch | <input type="checkbox"/> Camp Erdman Branch | <input type="checkbox"/> Central Branch | <input type="checkbox"/> Metro |
| <input type="checkbox"/> Kaimuki Branch | <input type="checkbox"/> Kalihi Branch | <input type="checkbox"/> Leeward Branch | |
| <input type="checkbox"/> Mililani Branch | <input type="checkbox"/> Nu'uuanu Branch | <input type="checkbox"/> Windward Branch | |

When are you available (check all that apply)?

- Mornings
 Days
 Evenings
 Late Evenings
 Weekends

Any restrictions to volunteer hours?

Why do you want to volunteer for the YMCA? _____

Why are you interested in volunteering for the YMCA? _____

What kind of volunteer opportunities and roles are you interested in? _____

Are there particular interest, skills, or talents you would like to share? Please specify. _____

What could the YMCA do to improve your experience and the experience of other volunteers? _____

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST		Summarize the type of work performed and Job responsibilities.
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		
Company Name	Phone No. ()	
Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
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Dates of Employment From (Mo/Yr) To (Mo/Yr)		
Address (Include Street, City, State, Zip Code)		
Job Title-Start	Job Title-Final	
Supervisor (Name & Title)		
Reason for Leaving		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Later		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				Overall College Scholastic Average
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
<input type="checkbox"/> Keyboarding WPM	Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:	

VOLUNTEER EXPERIENCE

Organization	Position or Job Description	YEARS	Still Active? (Yes or No)

Additional Information

- Do you hold current CPR certification? Yes No
- Do you hold current first aid certification? Yes No
- Do you hold current lifeguard certification? Yes No

List anything else (skills/experiences) including volunteer experience that would strengthen your application:

I give my permission to be photographed as a YMCA volunteer for YMCA promotional use.

- Yes No

REFERENCE DATA

Name	Phone Number	Relationship to you	Years Known

PRE-VOLUNTEER CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

Initial

I understand upon contingent offer of a volunteer position, the YMCA of Honolulu will conduct a criminal background check prior to and during my time as a volunteer, as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from volunteering or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

Initial

I am not a child molester, abuser or pedophile; and have not been convicted of being a molester or abuser.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my volunteering, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date

Parent or Guardian Signature

Date

YMCA of Honolulu

VOLUNTEER CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants – at no time during a YMCA program may a volunteer be alone with a single child where they cannot be observed by others. If a volunteer supervises children, they should space themselves in a way that other staff can see them.
2. You shall never leave a child unsupervised.
3. Restroom supervision: You will make sure suspicious or unknown individuals do not occupy the restroom before allowing children to use the facilities. You will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the you (not being alone with a child). If you 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 take children in groups or, whenever possible, with you and two "buddies".
4. You should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, you should be positioned so that they are visible to others.
5. You 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.No type of abuse will not be tolerated and may be cause for immediate dismissal.
6. You must use positive techniques for guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. You 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 (when necessary to protect the child or other children from harm), administered only in a prescribed manner and must be documented in writing.
7. You will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. You will document any questionable marks or responses.
8. You will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability.
9. You will respect children's rights to not be touched or looked at 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. Physical contacts which include but not limited to tickling, wrestling, prolonged hugs, allowing youth to sit on volunteer laps, etc. are prohibited
10. You 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. You 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 personnel life and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
16. You 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. You will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. You may not be alone or communicate with children you meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, driving or riding in cars, inviting children to their home, text messaging, e-mailing, or any online communication. Any exceptions require a written explanation before the fact and are subject to administrative approval.
19. You are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
20. You may not date program participants under the age of 18 years of age.
21. Under no circumstance should you 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. You are to report to a supervisor any other employee or Volunteer who violates any of the policies listed in this Code of Conduct.
- 23. You 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.
- 24. You will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.
- 25. Possession or use of any type of weapon or explosive device is prohibited.
- 26. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
- 27. Any shirt or item provided to you by the YMCA that demonstrates a position of authority by representing you as a staff member, coach, mentor, volunteer or the like, will be returned to the YMCA or destroyed by you once that relationship to the YMCA ends.
- 28. YMCA volunteers may not present themselves as representatives of the YMCA when advertising or soliciting social contacts. Specifically, they may not refer to the YMCA on myspace, Facebook, or other social solicitation websites.

I understand that any violation of the Code of Conduct may result in immediate release from volunteering at the YMCA of Honolulu.

Volunteer Signature

Branch Staff Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**NOTICE AND AUTHORIZATION CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because the YMCA may request consumer reports or investigative consumer reports in connection with your application for employment, or at any time during the course of your employment with the YMCA, if any, for purposes of evaluating your suitability for employment, promotion, reassignment or retention as an employee. Additionally, in the event that claims or disputes between you and the YMCA are filed with any third parties, the YMCA may request consumer reports or investigative consumer reports for purposes of evaluation and response, regardless of whether you remain in the employ of the YMCA at the time such claims or disputes arise.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. 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.

AUTHORIZATION

I have carefully read and understand this notice and authorization form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclosed to the YMCA by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA and confirm that all such information provided in connection with my job application is true and correct. I understand and acknowledge that nothing in this notice and authorization is intended to be, or is, an offer of employment or a promise of continued employment. If employed by the YMCA, my employment will not be for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the YMCA.

Name (Printed)

Social Security Number *(leave blank until job offer is made)*

Name of County in which you reside

Date of birth (mm/dd/yy) *(leave blank until job offer is made)*

Signature

Date

Email address: _____

YMCA OF HONOLULU VOLUNTEER ACKNOWLEDGEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND SIGN BELOW:

I understand as a volunteer, that I am not an employee of the YMCA of Honolulu and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Hawaii Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE YMCA OF HONOLULU.

Printed Name of Volunteer

Signature of Volunteer

Date

Emergency Contact:

Name

Telephone

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ AND SIGN BELOW:

I understand as my minor child is a volunteer, that my minor child is not an employee of the YMCA of Honolulu and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Hawaii Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE YMCA OF HONOLULU.

Both Parents/Guardians must sign:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Emergency Contact:

Name

Telephone

GENERAL

VOLUNTEER HANDBOOK ACKNOWLEDGMENT

I have received and read my copy of the Volunteer Handbook of the YMCA of Honolulu and agree to uphold and abide by the policies and operating procedure stated therein, as well as all other policies, rules and regulations of the YMCA now in effort or hereafter established.

Volunteer's Name:

Volunteer's
Signature:

Date:

Branch:
