



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPECIAL OLYMPICS/YOUNG ATHLETES VOLUNTEER APPLICATION

Thank you for your interest in service through the YMCA of the Palouse!

Please print legibly and complete all information requested.

We will contact you to arrange your placement.

Completed applications should be returned to the YMCA of the Palouse at 105 NE Spring St.

Please direct questions to volunteer@palouseymca.org.

First Name: _____ Middle Name: _____ Last Name: _____

Local Address: _____

Permanent Address: _____

Primary Phone Number: _____ - _____ - _____ Alternative Phone Number: _____ - _____ - _____

Email: _____

STUDENTS

Expected Graduation Date: _____ Major: _____

STUDENT VOLUNTEERS:

____ I am fulfilling a graduation requirement and will receive school credit for my volunteer service.

Name of school: _____

*Number of hours needed: _____ Deadline to complete hours: _____

DEMOGRAPHIC INFO

Ethnicity: _____ Gender: M F Age: _____

SPECIAL OLYMPICS PROGRAMS

Please indicate which program you would like to volunteer with. VOLUNTEERS MUST COMMIT TO A FULL SEASON.

____ Bowling Season: September-November

____ Basketball Season: December-January

____ Track & Field: March-May

____ Soccer Season: March-May

YOUNG ATHLETES PROGRAMS

Please indicate which program you would like to volunteer with. VOLUNTEERS MUST COMMIT TO A FULL SEASON.

____ Fall-Winter Season: October-January

Saturdays

____ Spring Season: January-May

Saturdays





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AVAILABLE DAYS AND HOURS

Monday	Tuesday	Wednesday	Thursday	Friday

How long are you able to volunteer with the Y? _____

How did you hear about the YMCA of the Palouse Special Olympics programs?

Why do you want to volunteer at the YMCA of the Palouse Special Olympics programs?

Describe any experiences you have had that prepared you to be a volunteer with the Special Olympics programs.

What are your interests and hobbies? To what other groups or organizations do you belong to?

Please provide two references for the YMCA of the Palouse to contact.

REFERENCE 1:

Name: _____ Relationship: _____

Phone Number: _____ - _____ - _____ Alternate Phone Number: _____ - _____ - _____

Email: _____

REFERENCE 2:

Name: _____ Relationship: _____

Phone Number: _____ - _____ - _____ Alternate Phone Number: _____ - _____ - _____

Email: _____

EMERGENCY INFORMATION

This information will be provided to medical staff in an event of an emergency.

Special Dietary Needs: _____





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If you are under the supervision of a doctor or other health care professional, please indicate the condition(s) and treatment(s) in full detail:

Please indicate any other medical conditions that may require special attention and any medications you are currently taking:

Please indicate all allergies, subsequent reactions, and treatment:

Physician to notify or consult: _____ Phone: _____ - _____ - _____

Insurance Company: _____

Policy Holder: _____ Policy Number: _____

IN CASE OF AN EMERGENCY, PLEASE INDICATE THE PERSON(S) YOU WOULD LIKE TO BE NOTIFIED.

Name: _____

Relationship: _____

Main Phone: _____

Alt. Phone: _____

Name: _____

Relationship: _____

Main Phone: _____

Alt. Phone: _____

I, _____, give permission to the staff and/or volunteers of the YMCA of the Palouse to administer first aid treatment in the event of a medical emergency, with the understanding that this treatment will be given in accordance with accepted first aid techniques. Further emergency services may be summoned on my behalf if deemed necessary or in the event that I am unable to communicate these wishes.

Signature

Date

Staff Notes:





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CODE OF CONDUCT

RULE OF THREE. In order to protect volunteers and program participants, at no time during a Y program may a volunteer be alone with a program participant where others cannot observe both individuals. I will not leave a program participant alone and I will alert Y staff if either situation arises. Volunteers will not supervise restroom use alone. In the event that I am asked to provide this service, I will ensure that a YMCA staff member is present. I will ensure that if I supervise or conduct private activities (i.e.: the changing of clothes or bathing suits, showering, etc.) a staff member will be present.

ABUSE. Abuse of any kind will not be tolerated, including physical, mental, sexual misconduct, neglect, or any other harmful behavior placing the participant at risk of injury or distress. I will immediately report any concerns I have to a staff person.

POSITIVE GUIDANCE. I will ensure the success of program participants by encouraging and emphasizing positive techniques of guidance, conflict resolution, positive reinforcement, redirection, and encouragement rather than competition, comparison or criticism. Discipline will be administered by trained staff.

NON-DISCRIMINATION. I will treat all staff, program participants, volunteers, and affiliates of the Y respectfully and equally regardless of race, creed, ethnic origin, ancestry, citizenship, political or religious affiliation, gender, sexual orientation, age, family relationship, economic status, or disability.

BOUNDARIES. I will maintain respectful and professional relationship boundaries during my volunteer work and agree to speak with Y staff should any relationship develop, that makes it difficult for me to remain objective and fulfill my volunteer obligations. I will refrain from sharing intimate details of my life. I will maintain a working relationship with all program participants, and refrain from meeting or interacting outside of the Y. As a volunteer I am not by any means allowed to take pictures or post any information about participants on personal social media accounts (i.e.: Facebook, Twitter, Instagram, etc.)

ATTIRE: I will appear neat, clean, and appropriately dressed for my volunteer work. My clothing should in no way represent or encourage the use of alcohol, drugs, or otherwise compromise the values of the Y. I understand I may be asked to comply with a specific dress code depending on my program choice.

TRAINING: I agree to undertake and complete the necessary training before and during the course of my volunteering. I will do this by keeping updated on new information and attending meetings.

DRUGS & ALCOHOL: I agree not to perform any volunteer duties while under the influence of drugs or alcohol, not to provide a program participant with illegal substances or encourage their use, and not to participate with a program participant in alcohol consumption. I will ensure that the effects of consuming drugs or alcohol will in no way affect my performance or attendance during my scheduled volunteer time. I will also refrain from tobacco use in the presence of program participants.

LANGUAGE: Profanity, inappropriate jokes, and all forms of harassment will not be tolerated by the Y.

My words, actions, and behaviors will exemplify the four core values of the YMCA as indicated below:

- Caring: compassion, forgiveness, generosity, kindness
- Honesty: integrity, fairness, trustworthiness
- Respect: acceptance, empathy, self-respect
- Responsibility: commitment, courage, health, service, citizenship

I, _____, am volunteering at the YMCA of the Palouse and do not expect any monetary compensation for my time. I understand and will comply with the Code of Conduct outlined in this document. I authorize the YMCA of the Palouse to investigate and verify the information I have provided on this volunteer application. I understand and accept the risk of injury or illness arising from my experience with the YMCA, and hereby release and agree to hold free from all claims for damages the YMCA of the Palouse and its respective officers, directors, Board of Trustees, members, employees or agents. The YMCA may conduct a background check in order to ensure the safety of all program participants and comply with state guidelines. Failure to adhere to any or all parts of this code of conduct may result in a suspension from my volunteer duties and/or termination of my volunteer relationship with the YMCA of the Palouse.

FURTHERMORE, I hereby give my permission for the YMCA of the Palouse to use photos of me for publicity purposes.

Signature	Printed Name	Date
Staff Signature	Printed Name	Date

