



YMCA OF THE PALOUSE VOLUNTEER APPLICATION 2018-2019

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

*PLEASE READ: Thank you for your interest in service through the YMCA of the Palouse! Please print legibly and complete all information requested, otherwise your application cannot be processed. All volunteers must complete a volunteer orientation prior to volunteering within programs. Orientation dates will be notified via email. Completed applications must be returned to the Y office (105 NE Spring Street) or email applications to volunteer@palouseymca.org.

First Name: _____ Last Name: _____

Local Address: _____

Permanent Address: _____

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

Email: _____

STUDENTS:

Expected Graduation Date: _____ Institution: _____

DEMOGRAPHIC INFO

Ethnicity: _____ Gender: M F Age: _____

PLEASE INDICATE WHICH PROGRAM YOU WISH TO VOLUNTEER WITH.

1) SPECIAL OLYMPICS OF WHITMAN COUNTY: Volunteers must commit to a full season including tournament and end-of-season celebration. No exceptions.

___ Bowling Season: September - November

___ Basketball Season: December - February

___ Track & Field Season: March - May

2) SPECIAL OLYMPICS YOUNG ATHLETES: Volunteers must commit to a full season. No exceptions.

___ Fall/Winter Season: October - January

___ Spring Season: February - May

3) ELEMENTARY AFTER SCHOOL PROGRAM: Volunteers must commit to 2-3 days of their choice, per week, per semester.

___ After School Monday-Friday, 2:45PM-5:30PM at Franklin, Jefferson, & Sunnyside elementary schools.

- 2:45-3:00 Set up classroom
- 3:00-3:30 Wash hands, healthy snack
- 3:30-4:00 Recess and group games
- 4:00-4:30 Academic time
- 4:30-5:00 Curriculum lesson
- 5:00-5:30 Free choice



4) PRACTICUMS & INTERNSHIPS: Please indicate below if you are seeking credit or non-credit service.

____ 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: _____

____ I am seeking experience solely and will not receive school credit for my volunteer service.

How did you hear about the YMCA of the Palouse?

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

Describe any experiences you have had that may prepare you to be a volunteer with Y programs.

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: _____

YMCA Staff Notes:

Emergency Information:

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

Special Dietary Needs: _____

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.

Printed Name

Date

Signature



CODE OF CONDUCT

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 Y 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. I will maintain confidentiality regarding program participants. 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
_____ YMCA Staff Signature	_____ Printed Name	_____ Date