



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

VOLUNTEER APPLICATION PACKET

Check List (please complete the following before returning)

1. Program Volunteer Application
 - Fill in all information and list interests.
 - Provide copy of photo ID or driver's license.
 - Read and sign on the back page (parent/guardian information is required if applicant is under 18).
2. Washington State Patrol
 - Complete Section C – Applicant of Inquiry.
 - Complete Section D – Washington State Patrol Identification & Criminal Section (start with the second line).
 - Right thumbprint will be captured when paperwork is turned in.
3. Abuse Prevention Rules
 - Read and sign
4. Volunteer Reference Form (give reference check forms to non-family members and return with packet)
 - Reference 1
 - Reference 2

Court-Ordered Service: We accept a few applications for court-ordered community service if you have not been charged with or have any past crimes involving weapons, violence, molestation, domestic violence, threats to another person. Court-ordered volunteers cannot volunteer in any program with children.

Application and Interview: Prospective volunteers must complete the attached application packet. You will be contacted by telephone or email to schedule an initial interview. Please note: Our application process takes at least two weeks and incomplete applications will take longer to process.

Interest Survey: To help narrow down your interests or if you are not sure what you would like to do, please take a moment to complete the survey below.

Why are you interested in volunteering with the YMCA of Greater Seattle?		
Is there a specific YMCA Branch, site, or geographical area in King County that you'd like to volunteer in?		
What program area(s) are you interested in working in? <i>(Note: not all programs are available at all branches)</i> <input type="checkbox"/> Teen Leadership & Development <input type="checkbox"/> Health & Fitness <input type="checkbox"/> Child Care <input type="checkbox"/> Aquatics <input type="checkbox"/> Mentoring or Tutoring <input type="checkbox"/> Member Services <input type="checkbox"/> Service Learning Opportunities <input type="checkbox"/> Policy (Boards, Committees) <input type="checkbox"/> Coaching or Officiating <input type="checkbox"/> Clerical/Administration <input type="checkbox"/> Guest Speaker/Workshop Presenter, Topic(s): <input type="checkbox"/> Other:	Other interest areas: <input type="checkbox"/> Arts <input type="checkbox"/> Environment <input type="checkbox"/> Education <input type="checkbox"/> Community Concerns <input type="checkbox"/> Global/International Issues <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Other:	What age groups would you like to work with? <input type="checkbox"/> Elementary School & younger (under 11) <input type="checkbox"/> Middle School aged (11 – 14) <input type="checkbox"/> High School aged (14 – 19) <input type="checkbox"/> Young Adults (18 – 30) <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input type="checkbox"/> I prefer to work with staff only
Do you have specific skills you would like to share or improve on?		
Do you have any interests you'd like to explore?		
Do you have previous volunteering experience? Please describe, including organization names:		
When are you available to volunteer? (Days, Times)	How often do you want to volunteer? (Ex.: once a month/twice a week/one-time events?)	



Program Volunteer Application

PERSONAL INFORMATION—Please Print Clearly

Legal First Name I prefer to be called:		MI	Legal Last Name	
Address		Apt	City/State	Zip
Home Phone:	Alternate Phone:	Email:		I prefer to be contacted by: <input type="checkbox"/> home phone <input type="checkbox"/> alternate phone <input type="checkbox"/> email

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____
(Please list someone OUTSIDE your home—in the event of an emergency, we would automatically contact your home first, then this backup contact)

I am a YMCA Member: Yes, My Branch is: _____ No
 I would like information about becoming a YMCA member Yes No
If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application

My birth date (MM/DD/YEAR): _____
Birth date required. For the safety of our participants, staff and volunteers, YMCA may use to run a limited criminal history check.

Have you been arrested, charged, or convicted of a crime in the last 10 years? (Only arrests/charges/convictions which the YMCA believes are reasonably related to the volunteer duties will be considered; some convictions over 10 years old may also be considered when background checks are completed.) Yes No

IF YES TO ABOVE: Are the charges still pending? Yes No
 Have the charges been dismissed? Yes No
 Did the charges result in conviction? Yes No

Please explain any "yes" answers, including crime(s), year(s), location(s) and circumstances; attach additional page(s) if necessary:

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "YMCA STAFF USE ONLY" section on reverse

VOLUNTEER ENGAGEMENT

Volunteer Position I am applying for: _____

How I heard about Y volunteering: Court System School Invited by the YMCA Job/Internship Fair Newspaper
 Opportunity Listing Word of mouth YMCA Website United Way Vol. Center
 Volunteer Match Other Online Source _____ Other _____

REQUIRED COMMUNITY SERVICE

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

Is this a **school requirement/ for school credit**? If yes, name of school _____

Is this a **court requirement**? If Yes, offense: _____

Parole/Probation Officer or Court Contact Name: _____ Phone: _____

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "YMCA STAFF USE ONLY" section on reverse

RELATED BACKGROUND

I have previously volunteered for and/or been employed by other YMCAs: No Yes *(please tell us about it)*

1.	YMCA:	1.	City, State:	1.	Dates Worked:	1.	Dates Volunteered:
2.		2.		2.		2.	

Certifications I hold (include date of expiration): _____

REFERENCES

For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not use relatives/household members.

On the attached 3 Reference Forms, please complete your name and volunteer position information and give to 3 personal references. They will complete the rest and return directly to the Y.

CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

The YMCA of Greater Seattle's mission is: Building a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind and body. As a volunteer, I will cooperate in the fulfillment of this mission.

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize the YMCA of Greater Seattle ("YMCA") to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation.

Volunteer Terms: I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the YMCA of Greater Seattle does not provide volunteer compensation or trade volunteer services for membership or program fees.

Property Loss: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

Medical Treatment: I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment for such medical treatment.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

Release from Liability: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

Volunteer Applicant Signature

Date

PARENT OR GUARDIAN — if Applicant is under 18

Legal First Name

MI

Legal Last Name

I am a YMCA Member: No Yes, My Branch is: _____

I would like information about becoming a YMCA member Yes No

If you cannot afford the full cost of a membership, please ask for a confidential Financial Aid Application

Address (if different from youth applicant)

Apt

City/State

Zip

Phone Number

Email

Parent or Guardian Signature: _____ Date: _____

YMCA STAFF USE ONLY

Volunteer Identification

Washington State ID or License Other _____

Name on ID _____ Date of Birth on ID _____ Verified by _____

Criminal Background Authorization

I have reviewed any disclosed criminal information on this application and authorize this application to move forward in the screening process. *(To be signed by Branch/Camp Executive or AO Department Head, or their delegate.)*

Name _____ Signature _____ Date _____

Branch Information

Must be completed before sending packet to HR

Branch/Site: _____

Program Director/
Supervisor: _____

Program Placement(s): _____

Approximate Start Date: _____

Intake Process Completed (date): _____

Google Docs and DAXKO Entry Completed (date): _____

**Additional Paperwork/
Training Checklist**

All paperwork must be sent to HR within 3 days of volunteer start date.

Mandatory for all:

- References (minimum 2)
- Safety Orientation & Abuse Prevention Rules
- WSP form with thumbprint

Mandatory for DEL/DSHS licensed position only:

- DEL/DSHS form (licensed programs only)*
- Need file copy for site

*If applicant has lived out of state in last 3 years, the Y will be contacted by DEL with instructions for completing fingerprints for additional background check.

Abuse Prevention Training To Be Completed By:

- _____ (date)
- Armatus Live Training Waived

"REHIRE" OF VOLUNTEERS: Volunteers termed less than 6 months do not require fresh paperwork; volunteers termed between 6 and 12 months require only the WSP form (and DEL/DSHS if required).

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency _____

Attn _____

Address _____

City/State/Zip _____

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature _____

Date _____

Title _____

Area Code/Phone Number _____

B PURPOSE

Check appropriate box

- Educational School District (ESD)/School District Volunteer - no fee
- Non-Profit Business/Organization - no fee (Excluding Schools & ESD's)
- Profit Business/Organization - \$10
- Adoptive Parent - \$10

Fees: Make payable to **Washington State Patrol** by cashier's check, money order, or business account.

C APPLICANT OF INQUIRY (please provide as much information as possible name and date of birth are mandatory)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency _____

Applicant's Signature _____

Applicant's Name _____

Address _____

City/State/Zip _____

WSP Use Only

Valid Two Years From Issue

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA, WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT PHONE NUMBER: (360) 705-5100

EMAIL ADDRESS: crimhis@wsp.wa.gov

Washington State Patrol WEBSITE: <http://www.wa.gov/wsp/>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES:

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington state businesses, organizations or individuals. All other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. Searches can be conducted only on prospective employees, volunteers or adoptive parents.

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. Applicants must be notified an inquiry may be made.

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, applying for a position as an employee or volunteer that an inquiry may be made.

3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime against children or other persons;
- (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- (c) convicted of crimes related to drugs as defined in RCW 43.43.830;
- (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;
- (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;
- (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The disclosure shall be made in writing and signed by the applicant and sworn under penalty of perjury. The disclosure sheet shall specify all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

4. Applicants must be notified of the response.

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

WASHINGTON STATE PATROL RESPONSE

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.

Abuse Prevention Rules

5/23/2011

We take the safety of children, youth and vulnerable adults seriously. The Y is about youth development: kids must be safe to grow and thrive and reach their potential in a nurturing environment. The mistreatment or neglect of children, youth and vulnerable adults and the resulting severe effects is of primary concern to the YMCA.

Unacceptable/Acceptable Behaviors and Actions related to abuse prevention and boundaries with children, youth and vulnerable adults served: the following chart is intended to give clarity to unacceptable interaction between staff (employee or volunteer) and children, youth and vulnerable adults and the consequences for those actions. The lists are illustrative and not all-inclusive; other behaviors may be identified. Refer to appropriate exceptions for certain programs, age groups and situations.*

<p align="center"><u>Zero Tolerance</u></p> <p>Behaviors that, when substantiated, represent gross misconduct and employment will be terminated with the likelihood of rehire eligibility prohibited, even if it is the first offense.</p> <p align="center">See age or program exceptions under Appropriate. *</p>	<p align="center"><u>Generally Not Allowed</u></p> <p>These behaviors could result in corrective action up to and including termination of employment. However, in isolated situations these behaviors might be considered appropriate.</p>	<p align="center"><u>Appropriate</u></p> <p>Generally to be encouraged. However, even appropriate touch can be inappropriate when excessive, done for staff's personal pleasure or when the intention is to give preferential treatment.</p>
<p><u>TOUCHING:</u></p> <ol style="list-style-type: none"> Sexual abuse, molestation Physical abuse, punishment, discipline (eg. use of physical force, striking, squeezing, whether used for behavior management or not) Physical inappropriate interaction (eg. tickling, wrestling, twisting nipples, swinging children by ankles or wrists, massages, caressing*, sitting on lap*, patting on bottom*, kissing) <p><u>OTHER ACTIONS:</u></p> <ol style="list-style-type: none"> Verbal abuse (yelling in aggressive or threatening manner; belittling, including making fun of the individual/ individual's family, national origin, religion, sexuality, ethnicity, disabilities, sexual orientation; threatening bodily harm to the individual or individual's family/friends.) Bullying, taunting; intimidation of physical force Using inappropriate consequences for behavior (eg. closing child in closet, cabinet; restraining child inappropriately such as tying their hands with string, strapping child in a highchair; tape their mouth) Telling or asking a child not to tell an adult or parent of words or actions of staff, volunteers Founded violation from DEL, CPS or law enforcement agency relating to the safety of children or youth. Failure to fully cooperate with an investigation by the YMCA, law enforcement agency or other authorized outside agency. Sexual exploitation (eg. sharing or taking nude pictures). Being nude in front of youth under your care or direction.* 	<p><u>TOUCHING:</u></p> <ol style="list-style-type: none"> Frontal hugs* and bear hugs (RARE, child initiated hug and release may be acceptable) Applying sunscreen (ok with younger children to ensure coverage) Holding hands* - intent is to eliminate special, singular relationships (ok for groups, games, preschool and younger children) Patting on head (demeaning in some cultures) Restraint of a child (unless child is an immediate danger to self or others; to avoid harm to a child, physically redirecting child to safety) Rough with children for behavior management (eg. yanking arm, grabbing shoulder, pushing child into position) Roughhousing (aggressive physical contact, often for fun, child not in control of body) Lifting*, carrying*, piggy-back or arm-chair rides (exceptions could be for challenge course activities, group games, moving an injured child) <p><u>OTHER ACTIONS:</u></p> <ol style="list-style-type: none"> Emotional abuse (eg. sarcasm, harsh or abusive words; rejecting or stating you do not like a youth) Neglect – failure to provide for basic needs of children (including failure to ensure children shower, apply sunscreen, have clean diaper. Failure to ensure child is adequately fed, hydrated, and clothed. Denying snack as behavior consequence. Providing inappropriate first aid or medical care. Feeding infant other than as instructed by parent/caregiver.) 	<p><u>TOUCHING:</u></p> <ol style="list-style-type: none"> Side hugs "A" Frame hugs Shaking hands High fives Hand signs and greetings Touching upper back, shoulder, arms, hands, legs at knees and below. Fixing hair (i.e. put clip back in, put hair in ponytail or braid to remove from face; <i>group</i> activity ok, but NOT ok for selected special attention or prolonged time with any one person) <hr/> <p align="center"><u>APPROPRIATE, ALLOWABLE EXCEPTIONS FOR PROGRAMS AND AGE GROUPS</u></p> <p><u>EXCEPTIONS for INFANTS, TODDLERS & YOUNG PRESCHOOLERS:</u></p> <ol style="list-style-type: none"> Patting on bottom (infants) Holding hands Sitting on lap Sitting close, arm around body Frontal hugs Lifting & carrying Back rubs Caressing Cleaning diaper area Helping young child at toilet

Continued next page

<u>Zero Tolerance</u>	<u>Generally Not Allowed</u>	<u>Appropriate</u>
<p><u>PROCEDURES:</u></p> <ol style="list-style-type: none"> 12. Supervisory staff instructing employee in mandatory reporting situation not to make a report 13. <i>Unauthorized</i> off-hour contact, including babysitting, movies, foster care, weekend trips, dating, social networking and texting. 14. Leaving a child behind; unaware a child is not supervised 15. Releasing a child to unauthorized person in programs with controlled pick-up procedures. 16. Leaving other staff person over established ratio by leaving the program when scheduled to be there 17. <i>Unauthorized</i> time alone; being alone with a single participant where you cannot be observed by other staff or adults.* 18. Taking a child to the bathroom or locker room by self outside the view of others or without open door 19. Transporting program participant in personal vehicle without clearance from Risk Management 20. Dating a program participant under age 18 (some programs have additional restrictions) 21. Overdosing, forgetting or giving wrong medication, or forgetting a dose of prescribed medication. 22. Serving food with nuts or other allergens to a child with known allergies. <p><u>ADDITIONAL:</u></p> <ol style="list-style-type: none"> 23. Illegal activity on work time 24. Undisclosed past criminal history (as required by our disclosure requirements) 25. Using, selling or providing alcohol or illegal drugs on site, in program. Selling or providing over-the-counter drugs to children and vulnerable participants, except by documented parental authorization. 	<ol style="list-style-type: none"> 11. Personal gifts to children or their parents (includes any gift, note, craft, food or beverage intended to give a child and/or parent special attention not given to others) 12. Staff clustering or standing together instead of spreading out for best supervision (ok briefly for communication on playground) 13. Losing a child (depends on duration, when/where child found, how occurred) 14. Failure to supervise child according to program or individual guidelines (depends on program structure, ages, duration, circumstances) 15. Crossing boundaries of appropriate/inappropriate interaction with youth (including telling stories of personal sexual relationships, illegal activity, siding with participant as opposed to supporting staff with rules) 16. Singling a child out for favored attention or giving the appearance of grooming. <p><u>PROCEDURES:</u></p> <ol style="list-style-type: none"> 17. In mandatory reporting programs, failing to report suspicion of abuse or neglect internally and to CPS. 18. Unattended child in program area (may vary by program, age and duration). 19. Violating reporting procedures or failing to report rule-breaking to supervisor or Puzzle Master. 20. Supervisory staff instructing employee <i>not</i> to report a situation to the Puzzle Master, risk mgmt or HR. 21. Not interacting with children while supervising, (exceptions could be naps, playground supervision). 22. Being out of ratio without prior advising and approval of supervisor. 23. Failure to follow supervision protocol for high risk areas and times (bathrooms, locker rooms; changing clothes and transitions) <p><u>ADDITIONAL:</u></p> <ol style="list-style-type: none"> 24. Illegal activity outside program hours or off site 25. Bringing or carrying a weapon into the program (approved <i>secured</i> mace, archery, army knife, Y-rifle shooting are ok) 26. Being in possession of or being under influence of alcohol or drugs on site and/or in program. (OK: hosted events) 	<p><u>EXCEPTIONS for SWIM INSTRUCTORS & AQUATIC STAFF:</u></p> <ol style="list-style-type: none"> 1. Lifting and carrying 2. Sitting close, holding close 3. Arm around body 4. Holding hands 5. Being nude and dressing within sight of participants may be unavoidable; (distancing these activities by allowing time between class leaving and employee entering locker room will help.) <p><u>EXCEPTIONS for CHALLENGE COURSE LEADERS:</u></p> <ol style="list-style-type: none"> 1. Touching general private areas necessary to assure appropriate fit of harnesses; (verbally describing the safety checks while doing them is helpful). <p><u>EXCEPTIONS for FITNESS INSTRUCTORS:</u></p> <ol style="list-style-type: none"> 1. Touching body areas to identify areas for focus. <p><u>EXCEPTIONS for ONE-ON-ONE PROGRAMS:</u></p> <ol style="list-style-type: none"> 1. Transporting program participant in personal car if an authorized driver for one-on-one programs. 2. One-on-one non-physical interaction ok for staff with specified clearance in young adult programs, family mental health programs, and contracted programs for one-on-one services. <p><u>EXCEPTIONS for DEVELOPMENTALLY DELAYED YOUTH & ADULTS:</u></p> <ol style="list-style-type: none"> 1. Appropriate touch and boundary guidelines determined on a case by case basis.
<p><u>Actions/Consequences</u></p>	<p><u>Actions/Consequences</u></p>	<p><u>Actions</u></p>
<ol style="list-style-type: none"> 1. Immediate paid Administrative Leave while situation is investigated. May provide alternate work without supervisory responsibilities of youth during “leave” if appropriate. Leave may also be unpaid. 2. Immediate contact with Operations, HR and/or Risk Management. Respective AO departments will coordinate with branch for investigation. 3. Dismissal if determined to be valid. 	<ol style="list-style-type: none"> 1. Investigation; may include administrative leave. 2. Decision: Appropriate interaction with children OR Decision: Inappropriate. Corrective action up to and including termination of employment. 	<p>All is good.</p>

Abuse situations can occur: 1) at home or away from the Y; signs are observed at the Y or a child makes a disclosure; 2) at licensed sites or in contracted programs; and 3) in all other Y programs. **At the Y:** 1) staff (employee or volunteer) can break rules or cross boundaries of appropriate interaction with children, youth or young adults; or 2) children & youth can sexually act out by themselves or with other children, including bullying or intimidation.

Educating participants: Participants may be informed in a manner that is age appropriate of their right to set their own “touching” limits for personal safety, and they will be encouraged to tell an adult if someone is abusing them.

Reporting and Documenting Abuse or Neglect and Other Unacceptable Behaviors

7. **I am aware that I am a mandated reporter** if I am a teacher or professional school personnel, nurse, doctor or professional social services counselor, or I work in a licensed child care program or I am a placement specialist or living skills program staff, OR I have regular supervisory authority over any employee, volunteer or contractor whom I believe has caused a child to suffer abuse or neglect; **and I understand I am required by law to report known or suspected instances where a child, youth or vulnerable adult (or developmentally disabled person) has been abused or neglected, and not doing so is considered a gross misdemeanor.**
8. **I understand the YMCA expects me to follow the same abuse reporting procedures whether I am a mandated reporter or not.**
9. **At the first reasonable cause to believe that *abuse or neglect* exists, it should be reported to my supervisor or program director and the designated branch representative (Puzzle Master) so that proper reporting can be initiated.** If the supervisor or program director is not available, I understand I should contact the next supervisory level up. Inability to consult with a supervisor or program director should not delay a call to authorities.
10. **Information regarding abuse or potential abuse or neglect should be documented in writing;** a report to CPS should be documented on the form, “Report of Suspected Child Abuse or Neglect.”
11. **At the first reasonable cause to believe that *an employee or volunteer* has crossed the boundaries of acceptable YMCA interactions or has abused a participant,** even if it was not during working hours, his or her conduct should be reported to my supervisor or program director and the Puzzle Master or branch executive. Appropriate actions will be taken regarding the employee or volunteer, including suspension or termination from YMCA employment or volunteer status, and the YMCA’s protocol for making a report to the appropriate authorities will be followed.
12. **Confidentiality of information related to abuse is crucial** and should be limited to the immediate supervisor and/or branch executive and designated member(s) of the Association office staff. However, inappropriate and sexualized behaviors initiated by participants towards others in YMCA programs will be shared with the Puzzle Master and other staff who work with the participant.

Confirmation of Understanding

I have read the YMCA’s “Abuse Prevention Rules.” I agree to abide by the program rules and boundaries for staff relationships with children, youth, and vulnerable young adults as stated. I also understand that the branch Puzzle Master plays a crucial role in determining if grooming and rule breaking is occurring. I will report all rule breaking to my branch Puzzle Master. I will also report all sexualized behavior of youth to the Puzzle Master to help prevent peer-to-peer abuse.

I UNDERSTAND VIOLATIONS OF THE YMCA “ABUSE PREVENTION RULES” MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL (SEPARATION OF EMPLOYMENT). I ACKNOWLEDGE I AM AWARE OF MY RESPONSIBILITIES AND I HAVE RECEIVED A COPY OF THE ABUSE PREVENTION RULES.

Branch _____ Print Name _____ Signature _____ Date _____

YMCA of Greater Seattle Volunteer Reference Form

Prospective Volunteers: Please give a copy of this form to each of your references and have each return it to the address on the second/reverse page. Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references. Please exclude relatives and household members.

Prospective Volunteer's Full Name:

Desired Volunteer Position:

*Does this position work with children / vulnerable adults:

Attention Reference: The above person has applied to volunteer with the YMCA of Greater Seattle and has listed you as a reference. Please answer the following questions, to the best of your knowledge, based on your interactions with the applicant. **Please respond to both sides.**

How long have you known the person named above?

In what capacity have you known him/her?

1. In your judgment, how would you describe his/her character and attitude?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

2. How would you rate his/her reliability?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

3. How would you describe his/her ability to work with and relate to children?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

4. How would you describe his/her ability to work with and relate to adults?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

5. How would you rate his/her judgment in normal conditions?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

6. How would you rate his/her judgment in stressful conditions?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

7. What do you consider to be his/her strengths?

8. What are his/her areas for development and improvement?

****If the potential volunteer will be working with children or vulnerable adults (see page one), please complete the following three questions.***

9. To the extent you know, please tell us about this person's roles with children; i.e., school volunteer, youth coach, youth group leader, etc.

10. If you have seen him/her discipline a child, could you please describe what you saw?

11. Are you aware of any reason why we should not allow this person to work with children? If yes, please explain:

Name of Reference:		Date:
Home Phone:	Work Phone:	Email:
Company/Organization Name:		Position:
(If faxed or mailed) Your Signature:		
<i>Note: The YMCA of Greater Seattle does telephone reference follow up for potential volunteers. The follow up call will take approximately five minutes.</i>		How can we best reach you? Days: Times: Phone number:
Please return this form within <u>one week</u> directly to:		
YMCA Staff Name:	Branch:	
Mailing Address:		
Email Address:	Fax:	

Thank you for your time and energy in filling out this reference form!

For information on volunteering at the YMCA of Greater Seattle, see www.seattlymca.org

To be completed by YMCA staff only

Was telephone follow up completed with this individual? [] No [] Yes... on what date?

If yes, by (name):

Program:

Signature:

Date:

Comments:

YMCA of Greater Seattle Volunteer Reference Form

Prospective Volunteers: Please give a copy of this form to each of your references and have each return it to the address on the second/reverse page. Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references. Please exclude relatives and household members.

Prospective Volunteer's Full Name:

Desired Volunteer Position:

*Does this position work with children / vulnerable adults:

Attention Reference: The above person has applied to volunteer with the YMCA of Greater Seattle and has listed you as a reference. Please answer the following questions, to the best of your knowledge, based on your interactions with the applicant. **Please respond to both sides.**

How long have you known the person named above?

In what capacity have you known him/her?

1. In your judgment, how would you describe his/her character and attitude?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

2. How would you rate his/her reliability?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

3. How would you describe his/her ability to work with and relate to children?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

4. How would you describe his/her ability to work with and relate to adults?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

5. How would you rate his/her judgment in normal conditions?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

6. How would you rate his/her judgment in stressful conditions?

	Outstanding
	Good
	Adequate
	Below Average
	Poor

Comments:

7. What do you consider to be his/her strengths?

8. What are his/her areas for development and improvement?

****If the potential volunteer will be working with children or vulnerable adults (see page one), please complete the following three questions.***

9. To the extent you know, please tell us about this person's roles with children; i.e., school volunteer, youth coach, youth group leader, etc.

10. If you have seen him/her discipline a child, could you please describe what you saw?

11. Are you aware of any reason why we should not allow this person to work with children? If yes, please explain:

Name of Reference:		Date:
Home Phone:	Work Phone:	Email:
Company/Organization Name:		Position:
(If faxed or mailed) Your Signature:		
<i>Note: The YMCA of Greater Seattle does telephone reference follow up for potential volunteers. The follow up call will take approximately five minutes.</i>		How can we best reach you? Days: Times: Phone number:
Please return this form within <u>one week</u> directly to:		
YMCA Staff Name:	Branch:	
Mailing Address:		
Email Address:	Fax:	

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Was telephone follow up completed with this individual? [] No [] Yes... on what date?

If yes, by (name):

Program:

Signature:

Date:

Comments: