

YOUNG MEN'S CHRISTIAN ASSOCIATION  
YMCA VOLUNTEER APPLICATION AND AGREEMENT



Please Print Clearly

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

Name \_\_\_\_\_ Telephone: Hm \_\_\_\_\_ Work \_\_\_\_\_

Residence Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at above address? \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Driver's License Classification: A B C M

List last two previous residential addresses:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

1. What is your occupation? (Be Specific) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

2. What is your Marital Status? ( ) Married ( ) Single ( ) Divorced

3. How many children do you have (if any)? Sons \_\_\_\_\_ Daughters \_\_\_\_\_

4. High school attended? \_\_\_\_\_ State \_\_\_\_\_

5. Describe any formal/informal training you may have had as a coach or volunteer? (Coaching Clinic, Courses, P.E. Degree, etc.)

\_\_\_\_\_

\_\_\_\_\_

6. Have you ever been arrested or convicted of any criminal offense? ( ) Yes ( ) No

Please exclude the following situations:

A.) Minor traffic violation for which the fine was \$200 or less

B.) Any offense which was finally settled in a Juvenile Court or under a Welfare Youth Offender Law.

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

7. What do you hope to gain from volunteering? \_\_\_\_\_

8. What other organizations have you volunteered with (if any)? \_\_\_\_\_

9. **References:** Please list the names, occupation and telephone numbers of three people (other than relatives) who know you sufficiently well to provide us a reference. References will be contacted.

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. If volunteering to be a coach:

A.) What sport have you coached/played: \_\_\_\_\_

B.) For which organization: \_\_\_\_\_

C.) Do you have an age level preference?: \_\_\_\_\_

Please explain why? \_\_\_\_\_

11. What areas of coaching do you feel you need training?

- |  |   |
|--|---|
| <input type="checkbox"/> Rules                             | <input type="checkbox"/> Communication with Parents/Players |
| <input type="checkbox"/> Strategy                          | <input type="checkbox"/> Developing sportsmanship           |
| <input type="checkbox"/> Safety                            | <input type="checkbox"/> Injury prevention/treatment        |
| <input type="checkbox"/> First Aid                         | <input type="checkbox"/> Motivating youngsters              |
| <input type="checkbox"/> CPR                               | <input type="checkbox"/> Organizing a practice              |
| <input type="checkbox"/> Warm up and physical conditioning |   |

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for employment/volunteer position with this organization. I also understand that as long as I remain an employee/volunteer here, they may repeat this criminal history records check at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## YMCA COACHES' CREED

I pledge myself to uphold the high standards of the YMCA in all my associations with team members, coaches, spectators and opposing teams.

I will exemplify all the principles of good sportsmanship and instill them in the youths under my care. I will not permit any unsportsmanlike conduct from players or spectators representing the team I am coaching.

I will, by personal example, display the qualities of leadership which will inspire youths to strive toward the goal of good leadership and sportsmanship.

In accordance with YMCA principles, I shall make fair play and good sportsmanship the primary objective of all competition.

My primary aim as a YMCA coach shall be the development of youth, spiritually, mentally, and physically.

I will abide by and uphold the rules and regulations governing athletic contests, as established by the YMCA.

I will, before any athletic contest is started, line up all my team players and coaches together with the officials and recite the YMCA Pledge or a prayer.

I will, after any athletic contest is completed, line up my team facing our opposition and lead them in shaking hands with each member and coach of the opposing team.

I have read the Coaches Creed and fully agree with the conditions of the creed. I fully understand the team I am coaching is not my team, but is a YMCA team, and I understand that I will be relieved of my duties as a coach if found guilty of any major violation.

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

## VOLUNTEER CODE OF ETHICS AND RULES

1. Smoking or use of tobacco products in the presence of children is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Volunteers shall not abuse children including:
  - A. Physical Abuse - strike, spank, shake, slap
  - B. Verbal Abuse - humiliate, degrade, threaten
  - C. Sexual Abuse - including inappropriate touching and exposure
  - D. Mental Abuse
4. Volunteers must treat children of all races, religions, and cultures with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers will refrain from intimate display of affection toward others in the presence of children, parents, and staff.
9. Monetary and expensive gifts to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect children's health, including fever or contagious conditions.
11. Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
12. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a YMCA child other than their own. In fact, caring for any YMCA child other than their own, on a one-on-one basis such as baby-sitting is prohibited.
13. Volunteers will not fraternize with YMCA youth participants away from the YMCA. However, if Y volunteers have children that have YMCA participants as friends, the Y volunteer must obtain permission from the YMCA youth participants' parents to fraternize with their children. If the YMCA learns of a violation of this policy, the violation may be grounds for removal as a volunteer.
14. Texas State laws requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Protective and Regulatory Services and law enforcement agency.
15. I understand that as a volunteer for the YMCA, I will be subject to a background check, including criminal history.

I understand that any violation of this code may be grounds for removal as a volunteer.

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Volunteer's Signature

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Date

# VOLUNTEER ACKNOWLEDGEMENT

- \_\_\_\_\_  
Initial I understand that I am to immediately report accidents or injuries of myself and participants to the YMCA branch supervisor.
- \_\_\_\_\_  
Initial I understand that I am required by law to report known or suspected instances of child abuse and that not doing so is considered a misdemeanor. Please call 1-800-252-4500, the Department of Protective and Regulatory Services and notify the Executive Director of your YMCA Branch.
- \_\_\_\_\_  
Initial I understand that if I use my automobile, I will not be reimbursed by the YMCA and that my personal insurance is my primary coverage.
- \_\_\_\_\_  
Initial I understand the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person.
- \_\_\_\_\_  
Initial I understand the policy of the YMCA is to cooperate with the authorities in the investigation of suspected child abuse and molestation situations. I, as a volunteer, agree to cooperate with the investigation as requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Staff Person



Background Verification Release Form

AGENCY INFORMATION

Form with fields: Date, Agency Name (YMCA of Arlington), Contact Name (Jennifer Kelly), Agency's Main Phone Number (817-299-9629), Agency's Fax Number (817-299-9631)

APPLICANT INFORMATION:

Form with fields: Applicant Full Name, Maiden or Other Name(s) Used, Current Address, City, State, Zip Code, County, Social Security Number, Date of Birth, Driver's License Number, State Issued, Position Applied For, Gender (Male/Female), Race (African American, American Indian, Anglo, Asian, Hispanic, Other)

I hereby authorize VERIFI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature (if under 18 years of age)