

# YMCA of Florida's First Coast – Volunteer Packet Check List

Branch \_\_\_\_\_

Volunteer's Name \_\_\_\_\_

Supervising Staff \_\_\_\_\_

Date \_\_\_\_\_ Eligible \_\_\_\_\_ AS400 \_\_\_\_\_

Returning Volunteer?  Yes  No

To assist and expedite the process of verifying the eligibility of volunteers, the following items must be completed prior to sending the volunteer packet to the metropolitan offices. The supervising staff should initial next to the item as it is completed. When all items are checked, return the completed packet with this checklist to the Risk Management Department. As soon as the background check is returned, you will be notified of your volunteer's eligibility.

## Staff Initial

**Volunteer Application** – All information filled out completely or verified by returning volunteer

\_\_\_\_\_

**Attestation of Good Moral Character** – Information completed and Signed

\_\_\_\_\_

**Volunteer Guidelines** – Signed (Not needed by returning volunteer)

\_\_\_\_\_

**Volunteer Phone Reference** – Completed by Supervising staff (Not needed by returning volunteer)

\_\_\_\_\_

**Verification of Returning Volunteer**

\_\_\_\_\_

Supervising Staff \_\_\_\_\_

Please Print

*Note – Incomplete packets will be returned.*



# Volunteer Application & Agreement

- Check One**  
 Board Member ( )  
 Programs ( )  
 Share the Y ( )  
 Student ( )  
 Coach/Team Parent ( )

Please Print Clearly E-Mail Address \_\_\_\_\_

Date \_\_\_\_\_ Area of Interest \_\_\_\_\_ Branch \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden Name \_\_\_\_\_ Telephone Hm \_\_\_\_\_ Wk \_\_\_\_\_

Residence Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at current address? \_\_\_ yrs \_\_\_ mos

Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Have you filled out a volunteer application before? ( ) Yes ( ) No

Are you a United States Citizen, a permanent resident, or authorized to work full-time in the U. S.? ( ) Yes ( ) No

### Last (2) Previous Addresses:

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

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

1) What is your occupation (be specific) \_\_\_\_\_

Place of Employment \_\_\_\_\_ How Long \_\_\_\_\_

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

2) Do you have children participating or interested in playing in our various youth programs? ( ) Yes ( ) No

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

4) References: All references will be contacted, so it is important to completely fill out all the requested information. List the name, occupation and telephone numbers of 3 people who know you sufficiently well to provide us a reference.

Name	Occupation	Work Phone	Home Phone	Cell
(1)				
(2)				
(3)				

### CONSENT FOR ARREST AND CONVICTION RECORD

The YMCA checks arrest and conviction records of all volunteers. A record does not automatically mean you will not be offered a position as a volunteer. What the circumstances were surrounding the incident and how long ago the incident occurred are important considerations in determining your eligibility.

Have you ever been **arrested** of any criminal offense? ( ) Yes ( ) No Have you ever been **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 that was finally settled in a Juvenile Court or under Welfare Youth Offender Law.

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

I understand that the YMCA uses a third party to perform background checks on all volunteers. 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 a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the YMCA may repeat this criminal history records check at any time.

I hereby affirm that my answers to the forgoing 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Relating to:

Sections: 393.135	relating to sexual misconduct with certain developmentally disabled clients
394.4593	relating to sexual misconduct with certain mental health patients
415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults
741.30	domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
782.04	murder
782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.071	vehicular homicide
782.09	killing an unborn child by injury to the mother
784.011	assault, if the victim of offense was a minor
784.021	aggravated assault
784.03	battery, if the victim of offense was a minor
784.045	aggravated battery
784.075	battery on a detention or commitment facility staff
787.01	kidnapping
787.02	false imprisonment
787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
794.011	sexual battery
794.041	prohibited acts of persons in familial or custodial authority (former)
Chapter: 796	prostitution
Section: 798.02	lewd and lascivious behavior
Chapter: 800	lewdness and indecent exposure
Section: 806.01	arson
Chapter: 812	felony theft and/or robbery and related crimes, if a felony
Sections: 817.563	fraudulent sale of controlled substances, if the offense was a felony
825.102	abuse, aggravated abuse, or neglect of disabled adults or elderly persons
825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
826.04	incest
827.03	child abuse, aggravated child abuse, or neglect of a child
827.04	contributing to the delinquency or dependency of a child
827.05	negligent treatment of children
827.071	sexual performance by a child
843.01	resisting arrest with violence
843.025	depriving an officer means of protection or communication
843.12	aiding in an escape

CONTINUED ON NEXT PAGE

843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter: 847	obscene literature
Section: 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter: 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Sections: 916.1075	relating to sexual misconduct with certain forensic clients
944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
944.46	harboring, concealing, or aiding an escaped prisoner
944.47	introduction of contraband into a correctional facility
985.701	sexual misconduct in juvenile justice programs
985.711	contraband introduced into detention facilities

**ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:**

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 77 5.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

***for teachers and non-instructional personnel in lieu of fingerprint submission:***

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

## **VOLUNTEER GUIDELINES**

### **YMCA of Florida's First Coast**

#### **Code of Conduct, Ethics and Rules**

**I** will abide by the YMCA's code of conduct.

**I** will not subject any child to neglect or to mental, verbal, physical, or sexual abuse.

**I** will not leave any child unsupervised.

**I will not be alone with any child where we cannot be observed by others.**

**I** will not transport any children in my vehicle.

**I** will not give any child gifts or special favors.

**I** will treat all children equally without respect to gender, race, religion, culture, or ability.

**I** will be a positive role model by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.

**I** will refrain from profanity, inappropriate jokes, and sharing of intimate details of my personnel life.

**I** will not hold extra or special practices.

**I** will not accept money or expensive gifts.

**I** will not fraternize with YMCA youth participants away from the YMCA. If my children have Y participants as friends, I will obtain permission from the youth participant's parents to fraternize with their children.

**I** will not take children to the restroom. I will ask the parent/YMCA staff if a child needs to use the restroom.

**I** will use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.

**I** will have age appropriate expectations, set up guidelines/environments that minimize the need for discipline.

**I** will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Children are not to be touched in areas of their bodies that would be covered by a bathing suit.

**I** will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.

**I** will appear clean, neat, and appropriately attired.

**I** will not use, possess, or be under the influence of alcohol or illegal drugs.

**I** will not smoke or use tobacco on YMCA grounds.

**I** will immediately report accidents or injuries of myself and participants to the YMCA branch supervisor.

**I** will not 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).

#### **YMCA's Position on the Nationwide Problem of Child Abuse**

**The** YMCA endorses and enforces its policies and practices to prevent child abuse. Our first priority in all youth programs is care and safety. We make every effort to prevent child abuse; verbal, physical, emotional or sexual.

**The** YMCA's goals are to support and strengthen the family unit, to help children develop to their fullest potential and to deliver the program in a positive YMCA environment of safety, support and care.

**All** candidates will be subject to a thorough background investigation to screen out molesters which may include, but is not limited to, the following: references of past employers, personal references, military records, volunteer organization history, civic involvement, criminal background history, personal characteristics/activities, psychological testing, periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary.

#### **Volunteer Acknowledgment**

**I** am aware of the YMCA Emergency Procedures/ Safety Policy. I have read, understand and agree to abide by these procedures.

**I** understand that the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person.

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. Call 1-800-96-ABUSE and notify the Branch Director.

I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the State for investigation and that the YMCA will fully cooperate with any related investigation and will pursue the prosecution of child abusers to its fullest extent of the laws of this State. I, as a volunteer, agree to cooperate with the investigation as required.

I have been informed of the YMCA's position regarding child abuse, and have read and understand that portion of my Volunteer Application and Agreement entitled, "The YMCA's Position on the Nation-Wide Problem of Child Abuse."

I have read and understand that any violation of the Code of Conduct, Ethics & Rules may be grounds for removal as a volunteer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Participation and Release from Liability</b>
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**Volunteer Terms:** I understand the YMCA does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage. The YMCA does not offer free memberships to volunteers. Volunteers may not trade their time for free or reduced cost in program participation.

**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 understand that the YMCA is not responsible for payment of medical treatment if deemed necessary by a physician.

**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. I understand that during my volunteer work with the YMCA, any photos taken of me may be used in future promotional materials.

**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.

I have read the preceding document and being fully aware of the matters contained in this Volunteer Guidelines document, I still desire consideration as a volunteer for the YMCA of Florida's First Coast.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

**YMCA of Florida's First Coast**  
**WAIVER, RELEASE, AND INDEMNIFICATION - Program Participant and Family**

In consideration of being permitted to enter now and in the future the Young Men's Christian Association of Florida's First Coast, Inc. ("YMCA") for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, including participation in any off-site programs, the undersigned, for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment, including any off-site, constitutes an acknowledgment that such premises and all facilities and equipment, including off-site, thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NOW AND IN THE FUTURE THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANYWAY, INCLUDING PARTICIPATION IN ANY OFF-SITE PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasee") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned's person or property or resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is in, upon, or about the premises, or participation in any off-site programs, or any facilities or equipment therein;
2. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby agrees to indemnify and save and hold harmless the releasee from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA, including participating in any off-site programs, whether caused by the negligence of the releasee or otherwise; and
3. The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releasee or otherwise while in, about or upon the premises of the YMCA, or participation in any off-site programs, and/or while using the premises or any facilities or equipment hereon.

I give my permission to the YMCA of Florida's First Coast to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

The undersigned for himself or herself, his or her minor children, his or her immediate family members, and any personal representatives, heirs and next of kin, further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**CHILD CARE AND YOUTH PROGRAM ADDITIONAL PROVISIONS**

The undersigned understands that the YMCA assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommend that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

**ACCEPTANCE**

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant/Guardian

\_\_\_\_\_  
Printed Name of Child(ren) (if applicable)

\_\_\_\_\_  
Date