



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

MAKE A DIFFERENCE VOLUNTEER

There is no other volunteer organization quite like the Y. Each of our volunteers helps move people in our community forward, delivering the benefits of good health, strong connections, greater self-confidence and a sense of security to all who seek it. As the nation's leading nonprofit for youth development, healthy living and social responsibility, the Y provides kids, adults, families and communities with vital support and opportunities to learn, grow and thrive. We work tirelessly everyday to nurture the potential of kids, improve our community's health and well-being, and give back and support our neighbors.

YMCA OF CENTRE COUNTY

BELLEFONTE BRANCH
125 West High Street
Bellefonte, PA 16823
814 355 5551

MOSHANNON VALLEY BRANCH
P.O. Box 426, 113 North 14th Street
Philipsburg, PA 16866
814-342-0889

STATE COLLEGE BRANCH
677 West Whitehall Road
State College, PA 16801
814 237 7717

ymcaofcentrecounty.org

Dear Friend,

Thank you for your interest in volunteering. Your desire to make a difference and give your time and talent back to the community is greatly appreciated.

In this packet, you will find a volunteer application. Please complete and return it to your YMCA contact. **Keep this page for your reference.**

Please read over the Code of Conduct and Youth Coach's Creed to the right and sign that you have read them on the application. Because we are a youth-serving organization, all adult YMCA volunteers must also agree to several background checks to be accepted.

Volunteers 18+ are required by the YMCA of Centre County to take a child sexual abuse prevention training every 3 years and may be legally required by the new child protective services law to take the Mandated Reporter Training every 5.

Free Stewards of Children Training
www.ymcaocc.org

Free Online Mandated Reporter Training
www.reportabusepa.pitt.edu

More Information about the CPSL
<http://keepkidssafe.pa.gov/index.htm>

There are many opportunities at the YMCA. From annual events like our Annual Giving Campaign, Silent Auction and Polar Bear Plunge to preschool sports programs, we need thousands of volunteer hours filled each year.

Thank you again for your interest in volunteering at the YMCA of Centre County!

The Y: We're for youth development, healthy living and social responsibility

Volunteer Code of Conduct

1. Volunteers must adhere to the YMCA Four Core Values of Respect, Responsibility, Caring and Honesty.
2. Volunteers must portray a positive role model by maintaining a positive attitude of respect, patience, encouragement, integrity, courtesy and maturity.
3. At no time during a YMCA program may a volunteer be alone with a single child where they cannot be observed by other adults.
4. Volunteers shall never leave a child involved with their program unsupervised.
5. Volunteers should appear clean, neat and appropriately dressed.
6. Volunteers are not to transport children in their own vehicles.
7. Volunteers must treat all program participants of all races, religions, cultures and backgrounds with the same respect and consideration.
8. Volunteers may not smoke or use tobacco products during YMCA events and activities.
9. Using, possessing or being under the influence of alcohol or illegal drugs during YMCA activities is strictly prohibited.
10. Profanity, inappropriate jokes/gestures, intimate displays of affection towards others are prohibited.
11. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement, rather than comparison and criticism. Volunteers should abstain from humiliating or frightening types of disciplinary actions.
12. Volunteers will refrain from any action that could be considered child abuse including:
 - a. Physical: spanking, slapping, striking, intimidating
 - b. Verbal: humiliating, degrading, threatening
 - c. Sexual: inappropriate gesturing, touching, language
 - d. Mental: neglecting, shaming, cruelty, put downs

YMCA Youth Coach's Creed

1. I pledge myself to uphold the mission of the YMCA of Centre County with my team members, coaches, spectators and opposing teams.
2. I will exemplify all the principles of good sportsmanship and instill them in the youth under my care. I will not permit any unsportsmanlike conduct from players or spectators representing the team I am coaching.
3. I will lead by example and display YMCA core values which will inspire the youth around me to do the same.
4. I shall make fair play and good sportsmanship the primary objective of all competition.
5. My primary aim as a YMCA coach is to develop youth in spirit, mind and body.
6. I will abide and uphold the rules and regulations of the sport as established by the YMCA.
7. I will, at the conclusion of the game, line up my team and shake hands with each member of the opposing team.

YMCA of Centre County's Mission Statement

The YMCA of Centre County is a charitable, nonprofit organization that provides opportunities to all individuals and families in the community by putting high moral values and principles into practice through facilities, programs, services and activities that build healthy spirit, mind and body. The YMCA of Centre County fully accepts diversity and promotes community development and cooperation.

YMCA of Centre County

Volunteer Application

Branch / Program / Date

APPLICANT INFORMATION Please fill out entire application in ink.

Last Name	First Name	Middle Initial	Home Phone
Address (street, city, state, zip)			Daytime Phone
Emergency Contact Name	Emergency Contact Number	Relationship	Cell Phone
At what branch would you like to volunteer: _____ Bellefonte _____ State College _____ Moshannon Valley _____ Penns Valley			Email Address
Date of Birth (must be provided for clearance in screening software): ____/____/____			Best Time/Place/Phone to Contact You

Volunteers under 18 years of age will need written permission from their guardian.

Are you looking to fulfill a school requirement for your service? _____ Yes _____ No

If yes, what school? _____ Number of Hours Needed: _____ Deadline: _____

Is this for court ordered community service? _____ Yes _____ No

Certain offenses may limit the areas in which you can serve. Please explain offense or attach paperwork.

ASSIGNMENT PREFERENCES Please indicate your availability for volunteer service.

Days of the Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Any Day	Time of Day: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/> Anytime <input type="checkbox"/> Only times listed below Specific Hours Available:	What program areas interest you? <input type="checkbox"/> Anything/Everything <input type="checkbox"/> Aquatics <input type="checkbox"/> Building & Grounds <input type="checkbox"/> Child Care <input type="checkbox"/> Family <input type="checkbox"/> Financial Development <input type="checkbox"/> Land Fitness <input type="checkbox"/> Office Work <input type="checkbox"/> Older Adult <input type="checkbox"/> Preschool <input type="checkbox"/> Special Events <input type="checkbox"/> Teens/Youth <input type="checkbox"/> Youth Sports	Please check specific interests. <input type="checkbox"/> Annual Giving Campaign <input type="checkbox"/> Annual Charity Auction <input type="checkbox"/> Annual Polar Bear Plunge <input type="checkbox"/> Audi Golf Tournament <input type="checkbox"/> Dodgeball Tournament <input type="checkbox"/> Daddy/Daughter Dance <input type="checkbox"/> Sprint Triathlon <input type="checkbox"/> Family Night Out <input type="checkbox"/> Parent Night Out <input type="checkbox"/> Kids Night Out <input type="checkbox"/> Gymnastics Team <input type="checkbox"/> Halloween at the Y <input type="checkbox"/> Underwater Egg Hunt <input type="checkbox"/> Healthy Kids Day <input type="checkbox"/> Preschool Sports <input type="checkbox"/> Pioneer Basketball
May we contact you when searching for volunteers for various events? _____ Yes _____ No		Day/Times Not Available:	

List specific volunteering you would like to do at the YMCA of Centre County:

VOLUNTEER HISTORY

I have volunteered with the YMCA in the past. If yes, please list below.

I have volunteered with other organizations in the past. If yes, please list below.

Name of Organization/Location	Dates Volunteered	Duties	Supervisor/Phone Number

WORK HISTORY / EDUCATION

Current Employer:	Supervisor:	Work Phone:
Position:	# of years:	May we contact your employer as a reference? _____ Yes _____ No

Highest Level of Education:	Course of Study:
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Special Certification/Skills:

References: please provide 2 professional and 1 family member.

Name: _____	Number: _____
Name: _____	Number: _____
Name: _____	Number: _____

APPLICATION SIGNATURE Please read carefully and sign. If under 18, the signature of your parent/guardian is required.

1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of volunteer service or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. My services are donated to the YMCA of Centre County freely and without expectation of compensation or benefits. I understand that this application is not a contract and that volunteering at the YMCA is on an at-will basis, and that my volunteer service may be terminated with or without cause by me or the YMCA at any time.
3. I have read and fully understand the YMCA of Centre County's Volunteer Code of Conduct and agree to abide by it during all YMCA activities. I understand that failure to follow the Volunteer Code of Conduct may be cause for my dismissal at any time. During my service, I understand that I may never be alone with a single child where we cannot be observed by other adults. In addition, I understand that no type of child abuse will be tolerated and would be cause for immediate dismissal.
4. **Waiver of Liability:** I agree to hold the YMCA of Centre County harmless for any injuries sustained on YMCA of Centre County property while volunteering.
5. I hereby authorize the YMCA of Centre County to contact professional and personal references to assist the YMCA in getting to know me and to determine the best volunteer placement.
6. I understand that, if I am 18 years of age or older, I am required to submit recent (from the past six months) PA Criminal, PA Child Abuse, and FBI/affidavit clearances, the content of which will be evaluated on an individual basis relative to the type of service the individual is offering the YMCA. All information will be maintained in strict confidence and stored in confidential files.
7. I also understand that I am required to complete two child abuse prevention and reporting related trainings within 30 days of beginning to volunteer: Stewards of Children Training (certification good for 3 years) and Mandated Reporter Training (certification good for 5 years).

Signature _____	Date _____
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DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one

of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____



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YMCA TELEPHONE REFERENCE CHECK – Volunteers

Volunteer's Name _____ First M.I. Last	Volunteer Position _____
Reference Name _____ First Last	Phone (_____) _____

Hello, I am (your name) with the YMCA of Centre County. (Applicant) has applied for (position, department) and given us your name as a reference to verify his/her character and ability to work in the Y. The information you provide will be kept confidential. If you have time, I would like to ask you a few questions to help us determine their potential success with this program.

1. How long have you known this individual? _____ years _____ months
2. What is your relationship to this individual?
 Supervisor/Employer Friend or Neighbor Adult Co-Worker Teacher
 Other (specify) _____

If reference is (was) individual's supervisor: Verify applicant's job title _____ Verify <i>supervisor's</i> job title _____ Company _____ Verify dates applicant worked: from ___/___/___ to ___/___/___ Reason for leaving _____ (Agree with application? <input type="checkbox"/> If not still employed, is applicant eligible for rehire? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> If no, please explain: _____
--

3. How would you describe his/her personality and character traits?

4. What are this individual's strengths?

5. What are this individual's greatest needs for development and/or improvement?

6. Have you ever observed any problems or are you aware of significant complaints about this individual from other staff, parents, customers/members or others?

No / Yes If yes please explain:

7. Are there any reasons why you would recommend *against* hiring this person?

No / Yes If yes please explain:

The following MUST be answered if the applicant will be working directly with children/teens in any capacity.

8. To the extent you know, please tell me about the applicant's roles with children; for example, coaching, youth organizations, schools, etc

9. Please rate his/her interaction skills with children (or teens):

Excellent / Good / Fair / Poor / Have Not Observed

10. In the time that you worked with or known this person, did you ever observe anything that would cause you to be uncomfortable about recommending them for a position working with young people or having them care for your own children?

No / Yes If yes please explain:

11. Is there any reason this person should *not* work with children?

No / Yes

If yes, please explain: _____

12. Is there anything else you would like to add that I have not already asked about?

Reference checked by:

(print) _____ Date ____ / ____ / ____

Signature _____

(must be signed by individual checking reference)



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Signature _____

(must be signed by individual checking reference)