



# YMCA OF THE PALOUSE VOLUNTEER APPLICATION

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 [info@palouseymca.org](mailto:info@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 Other: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Required for Background check)

### PLEASE INDICATE WHICH PROGRAM YOU WISH TO VOLUNTEER WITH.

#### 1) YMCA Programs at Pullman School District Elementary School Sites:

\_\_\_\_\_ After School Care: Monday-Friday, 2:45PM-6:00PM at Franklin, Jefferson, Sunnyside, Kamiak elementary schools.

\_\_\_\_\_ Late Start Monday Before School Care: Scheduled Mondays 7:30AM – 8:45AM at Franklin, Jefferson, Sunnyside, Kamiak elementary schools, as well as Lincoln Middle School

#### 2) YMCA Programs at Pullman Community Montessori Charter School:

\_\_\_\_\_ Before School Care: Monday-Friday, 7:30AM – 8:20AM

\_\_\_\_\_ After School Care: Monday-Friday, 3:00PM to 6:00PM

\_\_\_\_\_ Wednesday Half Day Enrichment Program: Scheduled Wednesdays from 11:45AM to 3:20PM

#### 3) YMCA Day Camps:

\_\_\_\_\_ Summer Day Camp: Monday-Friday, 8:00AM to 5:00PM (June – August)

\_\_\_\_\_ Spring Break Day Camp: Monday-Friday, 8:00AM to 5:00PM (First full week in April)



**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: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Alt. 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