



YMCA OF HARRISON COUNTY VOLUNTEER APPLICATION

YMCA OF HARRISON COUNTY

198 Jenkins Ct. NE, Corydon, IN 47112

812 734 0770

ymcaharrison.org

VOLUNTEER'S INFORMATION

Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Gender: M F

Mailing Address: _____
House Number and Street Name City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Ethnic Origin: _____ Asian/Pacific Islander _____ Black/African American _____ Alaska Native
_____ Hispanic/Latino _____ Native American _____ White/Caucasian

Emergency Contact: _____
First Name Last Name Phone Number

Is volunteering a requirement? _____ YES _____ NO

If yes, for what: _____

Please indicated the total number of hours you need/
want to volunteer as well as how often and the
timeframe (if any) to complete these hours: _____

Please list the days and times in which you are available to
volunteer:

_____ Monday _____ Friday _____

_____ Tuesday _____ Saturday _____

_____ Wednesday _____ Sunday _____

_____ Thursday _____

In what area(s), sport(s) and/or program(s) or in what ways would you like to volunteer? _____

Please list any skills, talents, or passions in which we should know: _____

PARENT'S/GUARDIAN'S INFORMATION (if volunteer is under 18)

Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Gender: M F

Mailing Address: _____
House Number and Street Name City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Ethnic Origin: _____ Asian/Pacific Islander _____ Black/African American _____ Alaska Native
_____ Hispanic/Latino _____ Native American _____ White/Caucasian

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT (to be completed by ALL volunteers)

In consideration of participating in YMCA of Harrison County activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Harrison County and its owners, directors, officers, employees, agents, volunteers, participants, sponsors and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA of Harrison County activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where the Releasees' facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participating in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign the release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I have read and understand this document and I agree to be bound by its terms.

Printed Name

Signature

Today's Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for volunteers under the age of 18)

In consideration of _____ (print minor's name) being permitted to participate in this activity. I further agree to the understanding of the Release, Indemnification and Hold Harmless Agreement.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Today's Date

CODE OF CONDUCT (to be completed by ALL volunteers)

YMCA of Harrison County staff, employees, volunteers, members, participants, and guests are to act appropriately and maturely, behave responsibly and respect others. Our Code of Conduct outlines prohibited action, but is not an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in our programs.

- Use or possession of alcohol, tobacco or illegal chemicals is prohibited on YMCA of Harrison County property or at sponsored programs.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person; and wearing inappropriate, immodest or sexually revealing attire.
- Theft or behavior that results in the destruction or loss of property.
- Loitering within or on the grounds of the YMCA of Harrison County.
- Use of video recorders, cameras or any other visual recording devices in the restrooms or locker rooms or using one of these devices inappropriately.
- Individuals who have been convicted of any crime involving sexual abuse, is or has been a registered sex offender or is presently under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

CHILD ABUSE PREVENTION CONDUCT (to be completed by ALL volunteers)

Due to the YMCA of Harrison County's involvement with children and youth, this page must be reviewed and signed by ALL volunteers.

1. At no time during a YMCA program may a volunteer be alone with a single child where they cannot be observed by others. As volunteers supervise children, they should space themselves in a way that other staff, employees or volunteers can see them.
2. Volunteers shall not abuse children, including:
 - physical abuse - strike, spank, shake, slap;
 - verbal abuse - humiliate, degrade, threaten;
 - sexual abuse - inappropriate touch or verbal exchange;
 - mental abuse - shaming, withholding love, cruelty;
 - neglect - withholding food, water, basic care, etc.
3. Any type of abuse will NOT be tolerated and will be grounds for immediate suspension/dismissal.
4. Volunteers must use positive techniques of guidance, including redirection. Physical restraint is used only when necessary to protect the child or other children from harm.
5. Profanity, inappropriate jokes, sharing intimate details of one's personal life is prohibited.
6. Volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
7. Volunteers will refrain from intimate displays of affection towards others in presence of children, parents/guardians, staff, and volunteers.
8. Volunteers are not to transport children in their own vehicles.
9. Adult volunteers may not date program participants under the age of 18.
10. Under no circumstance should volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent/guardian (written parent/guardian authorization must be on file with the YMCA).
11. Volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

My signature constitutes that I have had sufficient time to read this entire document and that I agree to uphold the YMCA of Harrison County's Code of Conduct and Child Abuse Prevention Conduct. I understand that any violation of this Code of Conduct may result in suspension or termination of membership, program participation and/or visiting privileges to the YMCA of Harrison County.

Printed Name

Signature

Today's Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for volunteers under the age of 18)

In consideration of _____ (print minor's name) being permitted to participate in this activity. I further agree to the understanding of the Code of Conduct and the Child Abuse Prevention Conduct.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Today's Date

COACHES CODE OF CONDUCT (to be completed by any volunteer interested in coaching)

The YMCA of Harrison County believes that sports should offer competitive fun in a learning, healthy, and fair play environment. Following the Coaches Code of Conduct will make the games more enjoyable for all and help teach our youth that competition can take place in a friendly and fun atmosphere.

Please initial each line and sign and date at the bottom.

- _____ I will remember that I am a youth sports coach and that this should be fun for the youth and all concerned.
- _____ I will be knowledgeable of the rules and the fundamentals of the game and do my best to teach them to my players.
- _____ I will do my best to teach the four core values of the Y: Caring, Honesty, Respect, and Responsibility, to my players with my words and actions.
- _____ I will not engage in negative discussions with any game officials, parents, players, spectators, or opposing coaches before, during, or after the game.
- _____ I will not allow my team's parents/guardians, spectators/supporters to act in a way that demonstrates disrespect for the game officials or any member of the opposing team, their players, coaches or parents.
- _____ I will assure that my players and I recite the Sports Pledge before each game and shake hands with the opposing team after each game.
- _____ I will see that any disputes are handled calmly and by the proper procedures and proper authorities.
- _____ I will abide by all of the rules and regulations of the YMCA of Harrison County.
- _____ I understand the consequences of being found non-compliant with any of these guidelines, including the zero tolerance and conflict resolution policies. Not following this Coaches Code of Conduct may result in the dismissal of coaching privileges.

Printed Name

Signature

Today's Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for volunteers under the age of 18)

In consideration of _____ (print minor's name) being permitted to participate in this activity. I further agree to the understanding of the Coaches Code of Conduct.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Today's Date