



Volunteer Application Packet

Thank you for your interest in volunteering at
the YMCA of Harrison County

Before volunteering, this Volunteer packet must be completed & returned to the Y at least **2 weeks** prior to volunteering. Please return to front-desk to be given to our HR department. If any information is missing it will delay your process, so please review fully & carefully.

MINORS

15 years & under must have their parent/guardian* with them while volunteering. Background checks are not required for 15 years & under.

***The parent/guardian will also need to fill out a volunteer packet & submit to a background check.**

16 & 17-year-olds *must* have their guardian sign their volunteer packet & provide any information needed.

Exception: The background check will not need to be done if volunteering outside & there will be no contact with other people.

The background check can take several weeks, depending on the number of locations you have lived at since 1988.

Since this process can take some time, *last-minute volunteers for community service or school-required volunteering will not be accepted.*

If you are a volunteer coach, your application & background check will be processed as soon as it is received.

If you are interested in a position volunteering, the background check will begin once you have accepted a position & the director of that department approves it.

We use BIB & Magik/Kidtraks/Department of Child Services(DCS) for the background checks.

You will receive an email from each place asking you to approve the background check & to provide more information.

DSC will require you to enter addresses back to 1.1.1988. This does include minors. If you have any issues with the application from DSC, call 317-234-3214 & they will help.

NO VOLUNTEERING WILL BE ALLOWED
UNTIL BACKGROUND CHECK IS COMPLETE



VOLUNTEER APPLICATION

Volunteer Information Form For Background Check

Please Print Clearly

_____ First Name		_____ Middle Name		_____ Last Name	
_____ Other LEGAL names you have gone by					
_____ Street Address		_____ City, State		_____ ZIP	
_____ Date of Birth		_____ Under 18: Yes or No		_____ Gender: M F X	
_____ Email		_____ Social Security Number		_____ Phone: Cell or Home	
_____ I do NOT have a cell or do not want texts		_____ I agree to receive text messages from BIB			
_____ Ethnic Origin:		_____ Asian/Pacific Islander		_____ Black/African American	
_____ Hispanic/Latino		_____ Indian		_____ Japanese	
_____ White					

Parent/Guardian Information **(If under 18 parent/guardian must fill out)**

_____ First Name		_____ Middle Name		_____ Last Name	
_____ Date of Birth		_____ Social Security Number		_____ Phone: Cell or Home	
_____ Email		_____ Ethnic Origins:		_____ Asian/Pacific Islander	
		_____ Black/African American		_____ Hispanic/Latino	
		_____ Indian		_____ Japanese	
		_____ White			
_____ Street Address		_____ City, State		_____ ZIP	

Emergency Contact

_____ Name		_____ Phone: Cell or Home		_____ Relationship	
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All information is correct to the best of my/our knowledge & I/we agree to the background check.

I understand that if I/we do not agree to the background check this will void any volunteer opportunities inside the building. **Any volunteer under 16, will be required to have their guardian present while volunteering.**

_____ Signature of Volunteer		_____ Date		_____ I/we agree to receive email from BIB	
				_____ I/we DO NOT agree to receive email from BIB	

_____ Signature of Parent/Guardian		_____ Printed Name of Parent/Guardian		_____ Relationship & Date	
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VOLUNTEER QUESTIONNAIRE

Reason for Volunteering:

- ☐ Coaching: Soccer Basketball(under6) Basketball(over 6) Other: _____
- ☐ Housekeeping
- ☐ Kid Zone
- ☐ Splash
- ☐ Community Service Required: Yes No If Yes why?: _____
- _____
- ☐ Other: _____
- _____
- _____
- _____

Please indicate the total number of hours you need/want to volunteer as well as how often & the time frame (if any) to complete these hours: _____

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

- ☐ Morning _____ ☐ Midday _____ ☐ Afternoon _____ ☐ Evening _____
- ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

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

If you were referred by someone who: _____

Reference:

Name	Phone	Email
_____	_____	_____
Name	Phone	Email

WAIVER AND RELEASE OF LIABILITY AGREEMENT

Please read this Waiver and Release of Liability Agreement carefully before you sign it.

This is a legal document which affects your legal rights.

I, _____, in consideration for being allowed to participate in health and fitness activities, including but not limited to the fitness center, aquatic center, sporting events, and other activities (the "Activities") at the Young Men's Christian Association of Harrison County, Inc. (the "Facilities" or "YMCA") located at 198 Jenkins Court NE, Corydon, Indiana 47112 (the "Building"), do hereby acknowledge, understand, and agree as follows:

1. I am aware that the Activities involve known and unknown risks, dangers, and hazards which can result in serious physical or emotional injury, paralysis, death, or damages to myself property, or other personal injuries and that damages and injuries are a common and ordinary occurrence when engaged in Activities. I understand that among other things, there is a strong risk of:
 - a) The failure of equipment belonging to myself, the YMCA, or others;
 - b) Broken bones, sprains, head, neck, and back injuries, torn ligaments, abrasions and bruises and other similar injuries as a result of falls or contact with other participants;
 - c) Death as a result of drowning or brain damage caused by nearly drowning in pools or other bodies of water;
 - d) Physical changes that may occur during physical activity including, but not limited to, abnormal blood pressure, fainting, disorders of the heart, and even heart attack, and;
 - e) The negligence, failure to act reasonably, and failure to exercise due care by the UMCA, employees, staff, agents, myself or others.

I UNDERSTAND THAT THERE IS ABSOLUTELY NO GUARANTEE OF MY SAFETY. I acknowledge that I have been advised to consult with my physician before participating in any of the Activities and accept full responsibility for any failure to do so. I acknowledge that it is my sole responsibility to familiarize myself with the Facilities and any and all fitness equipment used in the Facilities and that no orientation program or initial instruction is required as a condition of my use of the Facilities. I understand that I may not be covered under any insurance help by the YMCA and the affiliates, successors, and assigns of the YMCA(collectively, the "Released Parties").

2. I hereby RELEASE AND FULLY DISCHARGE the Released Parties, any of their directors, officers, members, agents, employees, volunteers, staff, or independent contractors and their respective sureties, insurers, successors, assigns and legal representatives (collectively, the "Representatives") from any and all liabilities, claims, actions, damages, costs or expenses of any kind or nature, including reasonable attorneys' fees (whether incurred in anticipation of or at trial or in appellate or bankruptcy proceedings) which I may have against them arising out of or in any way connected to my participation in the Activities, use of equipment at the Facilities or presence at the Facilities, unless resulting from willful or wanton recklessness or an intentional tort of the Released Parties or any of their Representatives. I understand that THIS RELEASE INCLUDES A RELEASE OF ANY CLAIMS BASED ON THE NEGLIGENT ACTIONS OR INACTIONS of myself, of any of the Released Parties or their Representatives, any person present at the Facilities, or any equipment present at the Facilities.
3. I accept for myself full responsibility for any and all injuries or damages of any kind which may result from my participation in the Activities, use of equipment at the Facilities, or presence at the Facilities, and it is my intention to INDEMNIFY AND HOLD HARMLESS the Released Parties and any of their Representatives, from all liabilities, claims, actions, damages, costs or expenses of any kind of nature whatsoever, including reasonable attorneys' fees (whether incurred in anticipation of or at trial, or in appellate or bankruptcy proceedings) which I or any other person may have against them arising from or as a result of my presence at the Facilities, my use of equipment at the Facilities, or my participation in the Activities, unless resulting froth willful or wanton recklessness or an intentional tort of the Released parties or any of their Representatives. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in the Activities 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 the Activities, or else I am willing to voluntarily assume, and bear the costs of, all risks that may be created, directly or indirectly, by any such condition.

4. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT BY SIGNING THIS RELEASE, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO SUE THE RELEASED PARTIES OR THEIR REPRESENTATIVES.
5. I am signing this Agreement freely and of my own accord, realizing it is binding upon myself, my children and other minors that I am responsible for, my heirs, attorneys-in-fact, executors, assigns, and other legal representatives.
6. I agree that this Agreement is intended to be construed and interpreted as broadly and inclusively as permitted by the laws of the State of Indiana, without regard to conflicts of laws principles. Every term and provision of this Agreement is intended to be severable. If any one or more of the terms and provisions of the Agreement is found to be unenforceable or invalid by a court of competent jurisdiction, that shall not affect the other terms and provisions of this Agreement, which shall remain in full force and effect.
7. I warrant that I am over eighteen (18) years of age, that I have read and fully understand this Agreement and the YMCA's Code of Conduct and that no oral representations, statements, or inducements have been made to me. This Agreement represents that entire agreement among myself and the Released Parties with respect to the subject matters contained herein. If I am under eighteen (18) years of age, a parent or guardian will also need to sign this Agreement where indicated.
8. I agree to abide by all rules and regulations that the YMCA or any other Released Party may impose regarding the use of the Facilities, use of equipment at the Facilities, and participation in the Activities.
9. I agree and understand that this is a continuing release that applies not only to my present participation in the Activities, use of equipment at the Facilities, and presence at the Facilities, but shall also apply to my future participation in any of the Activities, use of equipment at the Facilities, and presence at the Facilities.
10. I agree that should I or my successors assert any claim in contravention of this Agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other parties are finally adjudged liable on such claim by a court of competent jurisdiction.
11. This Agreement shall not be modified orally, and a waiver of any provisions shall not be construed as a modification of any other provision herein or as a consent to any other provision herein or as a consent to any subsequent waiver or modification.

Print Full Name

Signature

Date

Parent/Guardian Signature (if under 18)

Printed Name of Parent/Guardian (if under 18)

CODE OF CONDUCT

For the safety and welfare of all participants and as a reflection of our Christian mission, we at the Young Men's Christian Association of Harrison County, Indiana ("YMCA") request that all staff, employees, volunteers, members, participants, guests, and program participants follow our YMCA Code of Conduct at each of our facilities, programs, locations, and sites. This ensures that highest respect and courtesy toward one another, as well as guarantees that proper use, maintenance, and care of YMCA property and equipment. The use of the YMCA is a privilege which can be suspended or revoked at any time for violating this Code of Conduct. While our Code of Conduct prohibits certain actions, this is not intended to be an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in our programs.

- Inappropriate behavior of a physical or sexual nature including lewd behavior, any sexual contact, sexually explicit language, and/or unwanted advances within any area of the YMCA is strictly prohibited.
- Harassment including of a verbal, physical, or sexual nature is unlawful and prohibited. It is a serious act of misconduct and is subject to immediate suspension or termination of privileges.
- Verbally abusive behavior, intimidation by words, gestures, or body language, profanity, fighting, shouting, arguing, and any type of intimidation or menacing behavior are not acceptable and considered inappropriate behavior at the YMCA.
- Lack of respect to staff, volunteers, or other members is not acceptable and will result in suspension or termination of membership and program privileges.
- Use of chewing tobacco, smoking, vaping, or consuming alcoholic beverages on YMCA property or at any YMCA activity or program site is strictly prohibited.
- Use of illegal drugs or substances is not acceptable and is strictly prohibited
- Removal or destruction of YMCA property or the property of others without their prior consent constitutes theft of property and is strictly prohibited.
- Unauthorized entrance into the facility by way of illegal use of a pass, sneaking in, refusing to present photo ID, or aiding and abetting unauthorized entry, is prohibited.
- Loitering and soliciting are not permitted in or outside the YMCA building.
- The possession, carrying, or concealing of any weapon or any device or object that may be used as a weapon by any person is prohibited in any of our facilities, program locations, and sites. Certified and sworn municipal, state, or federal law enforcement officers who carry proper identification and are on duty are exempt from this policy.
- The use of cell phone or devices with phot and video capabilities are strictly prohibited in the locker rooms and restrooms. No unauthorized photos or videos of others is allowed anywhere in the facility.
- The YMCA is a family association and asks that members wear family-appropriate attire such as appropriate sports clothing. Clothing with profane or offensive language or pictures is prohibited. The YMCA reserves the right to define inappropriate dress when necessary.
- 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, narcotics, or intoxicating beverages are not allowed on YMCA property.

REPORT ANY VIOLATION OF THIS CODE OF CONDUCT TO YOUR YMCA STAFF

The staff of the YMCA reserves the right to determine the appropriateness of behavior to ensure compatibility with the YMCA mission and Code of Conduct. Reported incidents will be promptly investigated and addressed. Behavior that is contrary to our mission and core values or in violation of this Code of Conduct may result in either suspension or termination of an individual's participation, membership, and/or visiting privileges.

Facility Usage Guidelines For Children With Memberships

To ensure the safety of all members and guest, the YMCA has enacted the following Youth Access facility usage guidelines:

- All youth members and guest under age 14 have the opportunity to utilize any area of the YMCA as long as they meet the area's guidelines and are accompanied in the building or facilities by a responsible adult that is 18 years of age or older, who has an active membership or pays the daily guest fee.

My signature below constitutes that I have had sufficient time to read this entire document and that I agree to uphold the YMCA's Code of 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 and any of YMCA's facilities and programs.

Volunteers Printed Name	Volunteers Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date

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 while volunteering with the YMCA of Harrison County.
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.

Volunteers Printed Name

Volunteers Signature

Date

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

In consideration of _____, 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/Guardian Printed Name

Parent/Guardian Signature

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 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, 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 members 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 that 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.

Volunteer - Printed Name

Volunteer - Signature

Date

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

In consideration of _____, being permitted to participate in this activity, I further agree to the understanding of the Coaches' Code of Conduct.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Photo/Video Release

For my participation, or my child(ren) in activities to be conducted by YMCA of Harrison County, I hereby give my permission and consent, now and for all time, to YMCA of Harrison County, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Harrison County, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following: – Any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Harrison County, I authorize, according to this Release, shall belong to YMCA of Harrison County, YMCA of the USA and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Harrison County;

– Any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Harrison County will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Harrison County, YMCA of the USA and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA;

– YMCA of Harrison County, YMCA of the USA and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Harrison County; and

– YMCA of Harrison County, YMCA of the USA and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Harrison County for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Harrison County, YMCA of the USA and third parties collaborating with YMCA of Harrison County and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Harrison County as described herein.

Print Full Name

Signature

Date

Parent/Guardian Signature (if under 18)

Printed Name of Parent/Guardian (if under 18)