

YMCA of Harrison County

Employment and Volunteer Application



Please note: Any employment/volunteer offer from the YMCA of Harrison County is contingent on the successful completion of a National Criminal File Check, Department of Child Services check, reference checks, & drug screen. If hired, you will be required to furnish proof that you are eligible to work in the United States. All volunteers and employees are required to complete the training video, *Foundations: Preventing Abuse in Youth-Serving Organizations*, as well as any additional required or assigned trainings necessary to fulfill organizational, safety, compliance, or job-specific requirements.

Applicants for employment/volunteering are considered without regard to race, creed, color, religion, sex, sexual orientation, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also, it is unlawful in Indiana to require or administer a lie detector test as a condition of employment/volunteering or continued employment/volunteering. An employer who violates this law shall be subject to criminal penalties & civil liabilities.

Applicant Information (Please print answers to all questions. Incomplete applications will not be accepted.)

First Name	Middle Name	Last Name	Today's Date
Street Address, Apt #			
City	State	Zip Code	
Email	Phone Number		
Position Applying For / Area of Interest			Date Available to Start

1. Are you interested in: Employment Volunteer (circle one)
 2. Are you seeking (circle all that apply): Full-time Part-time Temporary/Seasonal Day Shift Evening Shift Weekends
 3. How many hours per week are you seeking? _____ Hourly rate desired: \$ _____
 4. What days are you available to work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 5. Have you filed an application here before? Yes No If yes, when? _____
 6. Have you ever been employed here? Yes No If yes, when: _____ Last supervisor: _____
 7. Are you currently employed? Yes No If yes, where: _____
 8. Do you have reliable transportation to work? Yes No
 9. Do you have a valid driver's license? Yes No
 10. Are you 18 years of age or older? Yes No (If no, you may be required to provide authorization to work)
 11. Do you have friends or relatives who work here? Yes No If yes, who: _____
- How were you referred to our YMCA? Advertisement School/College Recruited Other: _____

References (Required for all applicants interested in employment/volunteering)

Please provide 1 **personal** reference, 1 **professional** reference, and 3 references of your **choice** (personal or professional). Must provide **5 total references** or this application will be considered **incomplete**. All fields below are required.

<u>Name</u>	<u>Relation</u>	<u>Phone</u>	<u>Email</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Education

Type	Name of School & Location	Diploma, Degree, or Certificate	Years Completed	Degree Earned?
High School / GED				☐ Yes ☐ No ☐ In Progress
College				☐ Yes ☐ No ☐ In Progress
Vocational / Technical				☐ Yes ☐ No ☐ In Progress
Other				☐ Yes ☐ No ☐ In Progress

Safety & Job Specific Certifications

Type (CPR, First Aid, Lifeguarding, etc.)	Provider	Level	Expiration

Skills

What skills, qualifications, talents, or passions do you have that may be related to the area for which you are applying?

Work Experience

Starting with your present or last job, list names of all employers. Include military service, periods of unemployment, & verified work performed on a volunteer basis. Please write on a separate sheet of paper if you need more space.

Employer #1:	Dates Employed:	Job Title & Work Performed:
Address:	City/State:	Phone Number:
Supervisor Name:	May we contact:	Hourly Rate/Salary:
Employer #2:	Dates Employed:	Job Title & Work Performed:
Address:	City/State:	Phone Number:
Supervisor Name:	May we contact:	Hourly Rate/Salary:
Employer #3:	Dates Employed:	Job Title & Work Performed:
Address:	City/State:	Phone Number:
Supervisor Name:	May we contact:	Hourly Rate/Salary:
Employer #4:	Dates Employed:	Job Title & Work Performed:
Address:	City/State:	Phone Number:
Supervisor Name:	May we contact:	Hourly Rate/Salary:
Employer #5:	Dates Employed:	Job Title & Work Performed:
Address:	City/State:	Phone Number:
Supervisor Name:	May we contact:	Hourly Rate/Salary:

Sealed Record Notice

An applicant for employment/volunteering with a sealed record on file with the Commissioner of Probation may answer “no” with respect to inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment/volunteering may answer “no” with respect to any inquiry relative to prior arrest, court appearances, & adjudications in all cases of delinquency or as a child in need of services that did not result in a complaint transferred to the superior court for criminal prosecution.

Criminal Convictions

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a misdemeanor in the last five (5) years? Yes No

If you answered “Yes” to either question above, please explain. *A conviction does not necessarily disqualify you from employment/volunteering.*

All results shall be reviewed through a formal adjudication process by at least two designated individuals from the leadership team to ensure a fair and consistent determination. All findings, decisions, and resulting actions shall be documented and retained in the individual's file in accordance with YMCA record retention policies.

Please read each statement carefully before signing.

I understand that:

- This employment/volunteer application, or the granting of an oral interview, does not represent a contract of employment/volunteering or a promise of future benefits by the YMCA of Harrison County.
- If hired, my employment/volunteering with the YMCA of Harrison County will be at-will in nature & may be terminated, with or without cause, at any time, by either my supervisor or by the YMCA of Harrison County.
- By signing below, I authorize the organization to obtain and review criminal background information at the time of hire and at least every two (2) years thereafter during my employment or volunteer service, as well as at any other time deemed necessary and permitted by applicable law.
- This written statement supersedes any & all oral representations made by agents & or representatives of the YMCA of Harrison County.

Agreement: I certify that the information on this application is true, complete & correct. I hereby authorize the investigation of my past employment, education, and activities. I release from all liability all persons, companies, & corporations supplying information. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment/volunteering or discharge.

Signature of Applicant

Date

Print Name

APPLICANT QUESTIONNAIRE

The questionnaire below must be completed in **full**, or this application will be considered **incomplete**.

Why do you want to work at the YMCA of Harrison County?

What do you do when you are angry or upset about something?

What are your thoughts on setting clear boundaries with children and vulnerable adults?

Describe a time you had to manage a conflict between 2 consumers? Children or adults.

What steps would you take if you suspected that a colleague was engaging in inappropriate behavior?

If applying to volunteer, are the volunteer/community service hours mandated? If so, by what governing body/office? Please also indicate the total number of hours you want/need to volunteer and the time frame to complete these hours. If applying for employment, please disregard this question.

YMCA of Harrison County Child Abuse Prevention Code of Conduct

The YMCA of Harrison County is committed to creating an environment that is safe, nurturing, and empowering. No form of abuse will be tolerated, and confirmed abuse will result in immediate dismissal from the YMCA. All reports of suspicious or inappropriate behavior with youths or allegations of abuse will be taken seriously. The YMCA will fully cooperate with authorities if allegations of abuse are made and require investigation. This Code of Conduct with youth outlines specific expectations of all staff and volunteers.

1. Staff and Volunteers should be easily identified by nametags or staff shirts.
2. Staff and Volunteers must never leave a youth unsupervised.
3. Staff and Volunteers will NOT release youths to anyone other than an authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization must be on file at the YMCA).
4. Staff and 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.
5. Staff and Volunteers will not tolerate the mistreatment or abuse of one youth by another youth, including behavior classified as bullying. Bullying is aggressive, intentional, repeated over time, and involves an imbalance of power or strength. Bullying can include:
 - Physical bullying – physical force or restraint
 - Verbal bullying – belittling or using hurtful names
 - Nonverbal or relational bullying – social exclusion, friendship manipulation, gossip, or intimidating gestures
 - Cyberbullying – using technology to send threatening messages or pictures, sharing private information, hazing, sexting

Anyone who sees an act of bullying and then encourages it, is engaging in bullying.

6. Youths will be treated with respect at all times and will be treated fairly; regardless of race, sex, age, or religion.
7. Staff and Volunteers will adhere to the standards of appropriate and inappropriate PHYSICAL interactions with youths as outlined in the YMCA's CAP Policies and Procedures handbook.
8. Staff and Volunteers will adhere to the standards of appropriate and inappropriate VERBAL interactions with youths as outlined in the YMCA's CAP Policies and Procedures handbook.
9. Staff and Volunteers will not stare at or comment on youths' bodies.
10. Staff and Volunteers will adhere to the standards of DISPLAYING AFFECTION as outlined in the YMCA's CAP Policies and Procedures handbook, and they will avoid affection with youths that cannot be observed by others.
11. Staff and Volunteers will not date or become romantically involved with youths.
12. Staff and Volunteers will not have sexually oriented materials, including printed or online pornography, on YMCA property.
13. Staff and Volunteers will not have secrets with youths or give gifts without prior permission of supervisors.
14. Staff and Volunteers will comply with the YMCA's policy regarding interactions with youths outside of YMCA programs; such as babysitting, sleepovers, or meeting with

youths without parents.

15. Staff and Volunteers will not engage in inappropriate electronic communication with youths.
16. Staff and Volunteers are prohibited from working one-on-one with youths in a private setting, and will use common areas when working with individual youths.
17. Staff and Volunteers will refrain from intimate displays of affection towards others in the presence of children, parents, and staff/volunteers.
18. Staff and Volunteers are not to transport children in their own vehicles.
19. Staff and Volunteers will not use, or be under the influence of, alcohol or illegal drugs in the presence of youths.
20. Restroom supervision: Staff and Volunteers will ensure the restroom is not occupied before allowing youths to use the facilities. Staff/Volunteers will stand in the doorway while youths are using the restroom. If younger youths need assistance, the restroom door must remain open, and the staff/volunteer should keep one foot outside, if possible. "Rule of 3" should be used when taking a group of youths to the restroom, staff/volunteer and at least 2 youths. No youth should ever enter a restroom alone on a field trip.
21. Staff and Volunteers should be aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse. Staff/Volunteers will:
 - Be familiar with the symptoms of child abuse/neglect; including physical, verbal, emotional, and sexual abuse.
 - Know and follow the YMCA's CAP policies and procedures that protect youths against abuse.
 - Report suspected abuse to appropriate state authorities, as required by IN state law, whether the incident took place on or off the YMCA premises.
22. Staff and Volunteers will report concerns and complaints about other staff, volunteers, adults, or youths to the YMCA Leadership Team.
23. Staff and Volunteers must maintain confidentiality and only discuss an incident with YMCA Leadership Team and authorities.

By signing, I have read, understand & agree to the Child Abuse Code of Conduct.

Signature

Print Name

Date

Harrison County YMCA

Photo and Digital Media Authorization and Waiver

I hereby grant the Harrison County, Indiana YMCA ("YMCA") permission to use my name, image, voice, and likeness in a photograph, video, audio, or other digital media ("Media") in any and all of its publications, websites, podcast, or any other web-based publications, without payment or other consideration.

I hereby acknowledge that Media of YMCA-sponsored events may be taken and published on the YMCA's website, newsletter, social media channels, podcast, holiday card or other YMCA promotional efforts.

I understand and agree that all Media containing my name, image, voice, and likeness will become the property of the YMCA and will not be returned.

I hereby irrevocably authorize the YMCA to edit, alter, copy, exhibit, publish or distribute Media for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my name, image, voice or likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use by the YMCA.

I hereby hold harmless, release and forever discharge the YMCA, officers, board of directors, employees and agents from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this Authorization or the use, storage, or any other issues arising from the Media contemplated by this Authorization.

Signature

Date

Print Name

Parent/Guardian Signature (if under 18)

Date

Printed Name of Parent/Guardian (if under 18)