



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Volunteer,

Thank you for expressing a commitment to becoming a volunteer for the YMCA of Central Florida and advocating social responsibility in your community. People like you are the backbone of the YMCA and your impact is widely felt and greatly appreciated. There are a few steps you will need to take in order to begin volunteering. Please be sure that you have first communicated with your local center to ensure availability of your role and interests. Carefully review the information below in its entirety. Again, thank you for choosing to volunteer with the YMCA of Central Florida, where strengthening the community is our cause. We look forward to you joining our team 😊

Required Documents

- In order to process your volunteer application, there are certain documents that need to be signed and returned to the respected family center. The following items should be included in your volunteer packet:
 - ✓ Volunteer Application (including Code of Ethics & Acknowledgment Agreement)
 - ✓ Department of Children and Families Volunteer Affidavit
 - ✓ YMCA of the USA's Child Abuse Prevention Code of Conduct
 - ✓ Volunteer Handbook Acknowledgment Page
 - ✓ Volunteer Authorization for a Minor (if applicable)
 - ✓ Concussion Review (required for coaches) <http://www.cdc.gov/concussion/HeadsUp/Training/index.html>

Background Screening

- As a potential volunteer for the YMCA of Central Florida, it is required that you complete a criminal history check. This includes an extensive local/state/federal and sex offender check. Please retain this cover letter and follow the directions below after submitting your application.

Instructions:

1. Please visit the following website: <https://cfymca.volunteerportal.net>
2. Review text on the Welcome Page, enter the password: **cfymca1285** and click "I Agree".
3. Enter Personal Information
 - a. All fields marked with a "*" are required.
4. Click "Next"
 - a. Review all information to ensure its accuracy before proceeding.
5. If you need to make any corrections you can click on the "Edit" link or the "Previous" button to return to the Personal Information page.
6. Click "Complete" to process your search.

****Note: This screening can only be accessed by individuals over the age of 18. If you are a minor, you must retrieve a Minor Authorization Form from the family center and have it signed by your legal parent/guardian.****

- Please understand that the submission of a background check does not guarantee a volunteer position within the YMCA of Central Florida. Should you have any questions or concerns regarding the volunteer process, feel free to contact us at the Metro Offices.

YMCA of Central Florida
433 N. Mills Ave Orlando, FL 32803
Phone Number: 407-896-9220 Fax Number: 407-228-7445
Website: ymcentralflorida.com





YMCA OF CENTRAL FLORIDA

VOLUNTEER CLEARANCE CHECKLIST

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Introduction

- ALL forms must be completed and signed as part of the volunteer application process.
- The family center is responsible for verifying the documents and submitting the checklist in order to obtain an official clearance letter for the volunteer.

Volunteer Information (please print clearly):

Name: _____ Position: _____
First M.I. Last

Telephone Number: _____ Email: _____

Are you 18 years of age or older? Yes No If not when is your birthday? _____

Required Documents (to be completed by FC):

Please check off all items that have been completed:

<input type="checkbox"/>	Background Screening Instructions Cover Letter (the family center is responsible for providing this to ALL volunteers over the age of 18).
<input type="checkbox"/>	Minor Authorization Form (applicable for volunteers under the age of 18).
<input type="checkbox"/>	Volunteer Application
<input type="checkbox"/>	Volunteer Code of Ethics
<input type="checkbox"/>	Volunteer Acknowledgment Form
<input type="checkbox"/>	Department of Children & Families Volunteer Affidavit
<input type="checkbox"/>	YMCA of the USA's Child Abuse Prevention Code of Conduct
<input type="checkbox"/>	Volunteer Handbook Acknowledgment Page
<input type="checkbox"/>	Concussion Review (required for coaches ONLY)

Submission:

By signing below you are verifying that these documents have been reviewed by you, the staff member. Furthermore, the above mentioned volunteer has signed and completed all necessary forms in order to apply for a volunteer position within your family center and/or program. I understand that completion of these documents does not guarantee a volunteer an approved status and that an official letter will be communicated from the Metro Offices.

STAFF PRINTED NAME

STAFF SIGNATURE

DATE



YMCA OF CENTRAL FLORIDA VOLUNTEER AUTHORIZATION FOR A MINOR

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

In order for your child to become a volunteer with us, we need your consent and involvement in helping him or her have a productive experience. Please read and sign this parental consent form if you would like the YMCA of Central Florida to continue the processes of considering your child as a volunteer.

Please read the acknowledgment below:

NOTE: This authorization form must be filled out for ALL volunteers under the age of 18. Children under the age of 14 are not permitted to volunteer at the YMCA of Central Florida.

Name of Youth Volunteer(please print clearly): _____

As parent and/or legal guardian of the above mentioned child, I authorize him/her to participate in the YMCA of Central Florida Volunteer Program. I hereby give permission for him/her to serve in that capacity, if accepted by the YMCA of Central Florida. I understand that he/she will be provided with training necessary for safe and responsible performance of his/her duties and that he/she will be expected to meet those requirements.

I authorize the YMCA of Central Florida to conduct all necessary screenings and to contact the minor directly regarding those screenings. I understand that the information obtained to determine volunteer eligibility is confidential and may be shared with the licensing staff only in accordance with the applicable federal, state, and local laws and FDCF Regulations.

I understand that he/she will not receive monetary compensation for the services contributed.

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in this YMCA activity, I understand and expressly acknowledge that I release the YMCA of Central Florida and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my child's participation. I understand that this release includes claims based on negligence, action, or inaction of the YMCA of Central Florida, its staff, directors, members, and guests. Furthermore, I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while my child is participating in this YMCA activity.

Acknowledgment Signature:

I acknowledge the waiver set forth above. In accordance with the mission statement of the YMCA of Central Florida, I am giving my child permission to engage in the volunteer program.

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

EMAIL ADDRESS



YMCA OF CENTRAL FLORIDA VOLUNTEER APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Personal Information

Name _____ Volunteer Position _____
First M.I. Last

Address _____
Street City State Zip Code

Telephone Number _____ Email _____
Choose One: Home Cell Work

Current Occupation _____ Employer/School _____

Are you 18 years of age or older? Yes No If not when is your birthday? _____

Are you a current member of the YMCA of Central Florida? Yes No

Have you ever volunteered for a YMCA or been employed by a YMCA? Yes No

If yes, please indicate which YMCA(s), what you did there and when:

YMCA Name	City & State	Job/Volunteer	Dates Employed/Volunteered
1			
2			

Have you ever been convicted of or plead no contest to any criminal offenses? Yes No

If yes, please describe in full:

Emergency Contact Information:

Who may we contact?

_____	_____	_____
Name	Relationship	Telephone Number

Why do you want to volunteer? (Please check all that apply)

- Do something good
- Meet new people
- Internship requirements
- Use or develop skills unrelated to work
- Church program requirements
- Gain experience in a desired field of work
- School graduation requirements
- Other (please specify) _____

Availability

How many hours per week do you wish to commit to a YMCA volunteer assignment? _____

How long will your initial commitment to YMCA volunteer work be?

- Three months
- Six months
- One year
- Other (please explain) _____

Application Continued

Related Background Information

Training, formal education, or certifications you can apply as a YMCA volunteer _____

Paid work, volunteer experience, skills, and interests you can apply as a YMCA volunteer _____

References

Please do not list relatives:

	Name	Phone Number	Position/Title	Years Known
1				
2				

Waiver:

I certify that the information contained herein is correct to the best of my knowledge and understand that falsification of information or omission of significant information may be grounds for dismissal. I authorize the YMCA of Central Florida to investigate and verify the information I have submitted on this candidate form. I agree to conform to the rules and regulations of the YMCA of Central Florida and the State of Florida and acknowledge that these rules and regulations may be changed at any time, at the YMCA of Central Florida's sole option and without prior notice.

I specifically assume all risks of injury arising out of my presence on or about the premises, or my use or intended use of the equipment and facilities, or my participation in the activities of the YMCA of Central Florida, a Florida corporation, and do hereby for myself and my heirs, executors and administrators waive, release and agree to hold free from all claims for damages the YMCA of Central Florida and its respective officers, directors, Board of Managers, Trustees, members, employees or agents. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while volunteering on YMCA premises. I give my permission to the YMCA of Central Florida to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs. I agree this waiver includes releasing the YMCA of Central Florida for all actions, specifically including claims based on the negligence of the YMCA of Central Florida or its employees and agents.

I understand that I am offering my services to the YMCA of Central Florida without compensation. It is the policy of the YMCA of Central Florida to conduct criminal history background checks for individuals who participate in volunteer activities. Additionally, as an applicant to become a YMCA of Central Florida volunteer or subsequent to being approved as a YMCA of Central Florida volunteer you may be randomly selected to submit to the digital fingerprinting process as conducted by the YMCA of Central Florida. By submitting this application, I understand and agree to the above provisions and have reviewed the entire application and have provided correct information.

Volunteer Printed Name _____

Volunteer Signature _____

Date _____

Printed Name of Volunteer's
Legal Guardian (if under 18) _____

Signature of Volunteer's
Legal Guardian (if under 18) _____

Date _____

Volunteer Code of Ethics and Rules

1. Smoking or use of tobacco products in the presence of children is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Volunteers shall not abuse children including:
 - Physical Abuse - strike, spank, shake, or slap
 - Verbal Abuse -humiliate, degrade, threaten
 - Sexual Abuse - including inappropriate touching and exposure
 - Mental Abuse
4. Volunteers must treat children of all races, religions, and culture with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
9. Gifts over the value of \$25.00 given to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect children's health, including fever and contagious conditions.
11. Volunteers will portray a positive role model for youths by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, and maturity.
12. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a YMCA child other than their own. In fact caring for any YMCA child other than their own, on a one-on-one basis such as baby-sitting, is prohibited.
13. Volunteers will never transport participants in their own vehicle.
14. Volunteers will not fraternize with YMCA youth participants away from the YMCA. However, if Y volunteers have children that have YMCA participants as friends, the Y volunteer must obtain permission from the YMCA youth participant's parents to fraternize with their children. If the YMCA learns of a violation of this policy, the violation may be grounds for removal as a volunteer.
15. Florida law requires that all citizens report any suspected abuse or neglect of a child to the Florida Department of Children and Family Services and the local law enforcement agency.
16. I understand that as a volunteer for the YMCA, I will be subject to a background check, including criminal history.
17. I have been informed of the YMCA's position regarding child abuse and have read and understand the Y of the USA's Child Abuse Prevention Code of Conduct. I understand that in addition to the mandates described in this Volunteer Code of Ethics and Rules, the YMCA will, among other things, conduct a thorough check of my background and conduct periodic interviews/evaluations with children and parents to encourage reports of anything out of the ordinary.
18. I understand that allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported to the Florida Department of Children and Family Services and that the YMCA will fully cooperate with any related investigations and will pursue the prosecution of child abusers to the full extent of the law under the laws of the state of Florida.

I understand that any violation of this Code may be grounds for removal as a volunteer. Being fully aware of the matters contained within the Volunteer Code of Ethics and Rules, I still desire consideration as a volunteer for the YMCA.

Volunteer Signature _____

Date _____

Volunteer Acknowledgement Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, parents, previous employers, agencies and other organizations named in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal for placement.

I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history check any time.

In the event I volunteer, I understand that all volunteers are subject to dismissal at the discretion of the YMCA. If, in the event I choose to cease volunteering, I am free to do so at any time.

I also understand that, if selected to volunteer, any misrepresentation made by me completing this application will be considered as sufficient cause for my dismissal without advance notice.

I understand that the YMCA will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and Department of Children and Family Services.

I authorize the YMCA to supply my volunteer record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my selection, I will comply with all rules and regulations as set forth by the YMCA. I have read, understand and support the YMCA's position on the problem of child abuse.

I understand that completion of this form does not guarantee me status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be considered.

I understand that I am to immediately report accidents or injuries of myself and participants to the YMCA Family Center supervisor.

I understand that I am required by law to report known or suspected instances of child abuse to the Department of Children and Family Services at **1-800-962-2873**

I understand that if I use my automobile to travel to any locations, I will not be reimbursed by the YMCA, and my personal insurance is my sole coverage.

I understand the policy of the YMCA is to refer all inquiries from the media or press to the appropriate YMCA staff person.

I understand the policy of the YMCA is to cooperate with the authorities in the investigation of suspected child abuse and molestation Initial situations. I, as a volunteer, agree to cooperate with the investigation as requested.

I have read the above statements and accept the same as a condition of my placement with the YMCA.

Volunteer Signature _____

Date _____



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as _____
(print name of child care program)

I serve as a (check one)

- Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

- Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(l), rule 65C-22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is _____, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Owner /Operator /Director Signature

Date



CODE OF CONDUCT Child Abuse Prevention

1. In order to protect YMCA staff, volunteers, and program participants—at no time during a YMCA program may a staff person or volunteer be alone with a single child where they cannot be observed by others. As staff/volunteer supervise children, they should space themselves in a way that other staff/volunteer can see them.
2. Staff/volunteer shall never leave a child unsupervised.
3. Restroom supervision: Staff/volunteer will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff/volunteer will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff and/or volunteer (not being alone with a child). If staff/volunteer are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff/volunteer.
4. Staff/volunteer should conduct or supervise private activities in pairs – diapering, putting on bathing suit, taking showers, etc. When this is not feasible, staff/volunteer should be positioned so that they are visible to others.
5. Staff/volunteer 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 – sharing, withholding love, cruelty;
 - neglect – withholding food, water, basic care, etc.
6. Staff/volunteer must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff/volunteer will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.
7. Staff/volunteer will conduct a health check and each child, each day, as they enter the program, noticing any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Staff/volunteer responds to child with respect and consideration and treat all children equally regardless of sex, race, religion, culture.
9. Staff/volunteer 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.
10. Staff/volunteer will refrain from intimate displays of affection towards others in the presence of children, parents, and staff/volunteer.
11. While the YMCA does not discriminate against an individual’s lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.
12. Staff/volunteer must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one’s personal life and any kind of harassment in the presence of children or parents is prohibited.
16. Staff/volunteer must be free of physical or psychological conditions that might adversely affect children’s physical or mental health. If in doubt, an expert should be consulted.
17. Staff/volunteer will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff/volunteer may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff/volunteer are not to transport children in their own vehicles.
20. Staff/volunteer may not date program participants under the age of 18 years of age.
21. Under no circumstance should staff/volunteer release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
22. Staff/volunteer are required to read and sign all policies related to identifying document, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

I understand that any violation of this Code of Conduct may result in termination/or dismissal from my volunteer assignment.

Employee/Volunteer Signature

Director Signature

Date



YMCA OF CENTRAL FLORIDA VOLUNTEER HANDBOOK ACKNOWLEDGMENT

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read the acknowledgment below:

I hereby acknowledge that I may, should I choose to do so, receive a hard copy of the YMCA of Central Florida's Volunteer Handbook from my respective family center during the volunteer application process. Since the information, policies and procedures described in the handbook are subject to change as needed, I acknowledge that revisions may occur. I also understand that only officers of the YMCA of Central Florida have the ability to adopt revisions to this handbook.

I am aware that it is my continuing responsibility to read and comply with its contents for as long as I choose to volunteer with the YMCA. I also understand and agree that the Volunteer Handbook is not an employment contract for any specific period of employment or for continuing or long-term employment/volunteerism. All volunteering is at will; therefore, I acknowledge and understand that I have the right to resign from my volunteer position with the YMCA at any time with or without cause. In addition, the YMCA has the right to terminate my volunteer position at any time with or without notice or cause.

Furthermore, I understand that it is my responsibility to read, understand, ask questions, and abide by the policies and procedures within the YMCA of Central Florida's Volunteer Handbook.

Acknowledgment Signature:

I have read and am voluntarily acknowledging that I will receive and review this document in its entirety. I understand the processes and/or procedures I need to take in order to receive access to the above mentioned document. Should I choose not to abide by this acknowledgment, I release the YMCA of Central Florida and its staff members from liability for any injury, loss, and/or damages associated with not reviewing the items within the Volunteer Handbook.

Volunteer's Printed Name

Volunteer's Signature

Date