

GREATER JOLIET AREA YMCA VOLUNTEER APPLICATION



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUR CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address (required): _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

TELL US ABOUT YOURSELF

Occupation: _____

Employer: _____

Hobbies/Interests: _____

T-Shirt Size: Adult Sizes: Small Medium Large XL 2XL 3XL

For High School Volunteers Only

Name of School: _____ Grade: _____

VOLUNTEER INTERESTS

Where would you like to volunteer? (Please select all that apply)

C.W. Avery Family YMCA Galowich Family YMCA Morris Hospital YMCA Metro Office

What types of volunteer activities are you most interested in? (Please select all that apply)

Administrative Support Court-Ordered Maintenance Youth Sports Coach
 Advisory Council/Board Member Educational Intern Special Events
 Learning Mentor Summer Camp Volunteer Other _____

How were you referred to the YMCA? YMCA Member: _____ YMCA Volunteer: _____
 YMCA Staff: _____ Friend/Family Member
 Internet/Social Media/Newspaper Other: _____

Are you looking to complete court-mandated community service hours? Yes No
If yes, how many hours: _____

What days are you available to volunteer? (Please select all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day are you available to volunteer? (Please select all that apply)

Mornings (9 a.m.-Noon) Afternoons (1-4 p.m.) Evenings (5-8 p.m.)

VOLUNTEER AGREEMENT

- I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation.
- I give my permission to the YMCA to use all photos, videos, voice, and images taken of me both in print and on the internet for the purposes of promoting YMCA programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work with in the publicity of their programs.
- I understand that the Greater Joliet Area YMCA is a drug and alcohol free environment and that volunteering is contingent upon passing a criminal background check. I hereby authorize investigation of all statements contained in this application and on the background check request.
- I specifically assume all risks of injury arising out of my presence on or about the premises, or my use of or intended use of equipment or facilities, or my participation in the activities of the YMCA (an Illinois chartered not-for-profit corporation) on or about the premises or at another location.
- I waive, release, and forever agree to hold free from all claims for liability or damages arising out of, or in connection with my participation in YMCA activities and/or use of YMCA facilities, the Greater Joliet Area YMCA, and its respective officers, Trustees, Board of Directors, members, employees or agents.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Required for youth volunteers, grades 9-12, only

I have reviewed my child's application and certify that all the above information is accurate to the best of my knowledge.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reference Checks

1. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

2. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

3. Date of Inquire: _____ Time of Inquire: _____

First Name: _____ Last Name: _____

Would you recommend this applicant work with children? Yes No

Is there anything the reference feels we should know about the applicant? _____

VOLUNTEER REFERENCE CHECK COMPLETED BY:

Name: _____

Signature: _____ Date: _____

Background Check completed

Letter of recommendation on file (youth in grades 9-12 only)

Volunteer Resources completed



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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Background Investigation Bureau may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.



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AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Background Investigation Bureau to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of the Greater Joliet Area YMCA, and/or the Greater Joliet Area YMCA itself. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization shall be as valid as the original.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Greater Joliet Area YMCA.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Greater Joliet Area YMCA at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.



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Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First		Middle	
Last Name		First		Middle	
Last Name		First		Middle	
Home Street Address				Apt/Unit #	
City		State		Zip Code	
Phone		E-mail Address			
Date of Birth		Social Security No.		Gender	Race
Drivers License Number		State Issued		Expires	





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ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for Greater Joliet Area YMCA ("the Company") in Massachusetts, Minnesota, New Jersey, New York, or Washington State, please note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

NEW JERSEY APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900.

NEW YORK APPLICANTS/EMPLOYEES: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

WASHINGTON STATE APPLICANTS/EMPLOYEES: If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, ("BIB"), 9710 Northcross Center Court, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

GREATER JOLIET AREA YMCA

Metropolitan Offices

749 Houbolt Road • Joliet, IL 60431

P: (815) 729-9638 F: (815) 729-9629 W: www.jolietymca.org





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GREATER JOLIET AREA YMCA

UNDERSTANDING SAFETY STANDARDS

At the Y, we are committed to maintaining a safe work environment and ensuring the health and well-being of our employees and volunteers. The information below is designed to provide you with an overview of Bloodborne Pathogens.

UNDERSTANDING BLOODBORNE PATHOGENS

Bloodborne Pathogens are infectious microorganisms that are found in human blood and other potentially infectious materials (OPIM), such as bodily fluids, that can cause disease. These pathogens include, but are not limited to, Hepatitis B, Hepatitis C and HIV.

MODES OF TRANSMISSION

Bloodborne Pathogens are most commonly transmitted through:

- Accidental puncture from contaminated needles, broken glass or other sharp objects
- Contact between broken or damaged skin (cuts, abrasions, bites) and infected bodily fluids
- Contact between mucus membranes and infected bodily fluid

UNDERSTANDING HOW TO AVOID EXPOSURE TO BLOODBORNE PATHOGENS

- **AVOID** contact with blood or other potentially infected materials (OPIM)
- **ALWAYS USE UNIVERSAL PRECAUTIONS** and treat all human blood and bodily fluid as if it was known to be infected with Bloodborne Pathogens
- **ALWAYS USE PERSONAL PROTECTIVE EQUIPMENT**, such as gloves, gowns, eye protection and masks, which are available for your use
- **WASH YOUR HANDS** after providing first aid care or cleaning, using warm water and soap. Be sure to rub your hands vigorously for at least 15 seconds covering all surfaces of your hands and fingers, and then rinse with warm, running water. Handwashing is the most effective way to avoid the spread of infection.

WHAT TO DO IF YOU ARE EXPOSED TO INFECTIOUS MATERIAL

If at any time you are exposed to blood or other bodily fluids, please notify your volunteer supervisor and ask to complete an incident report. Your supervisor will work with you to complete any additional documentation and provide post-exposure follow-up instructions.

I understand that as a Y volunteer, it is my responsibility to always use universal precautions and personal protective equipment when dealing with possible Bloodborne Pathogen exposure

Print Name

Signature

Date

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GREATER JOLIET AREA YMCA

UNDERSTANDING YOUR ROLE IN KEEPING KIDS SAFE

At the Y, we are committed to providing a safe and enriching experience for all children in our care. As a volunteer, you are a vital component of our Child Abuse Prevention Program. By working together, we can ensure that children in YMCA programs are safe and receive the support they need to learn, grow and thrive. The Greater Joliet Area YMCA has “zero tolerance” for abuse.

DEFINING THE TYPES OF ABUSE

Neglect: Failing to maintain a child’s health, safety and well-being

Physical Abuse: Non-accidental physical injury

Sexual Abuse: Uses or involves a child for a sexual purpose or act

Emotional Abuse: Harm to a child’s mental and social development

Exploitation: Uses one’s position of power to maintain inappropriate relationships

THE RISK IS REAL

- 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18
- The highest risk exists for youth, ages 8-11
- 90% of victims know their perpetrators
- Once a child is victimized, they are more vulnerable to being abused again
- Child-on-child sexual, physical and emotional abuse, involving two adolescents, is prevalent and often goes unreported

HOW TO MAINTAIN A SAFE ENVIRONMENT

- Encourage children to not keep secrets
- Talk with the children in your care to identify trusted adults in their lives
- Never be alone with children you have met at the Y or through YMCA programming

IDENTIFY PREDATORY BEHAVIOR AND ALWAYS REPORT YOUR CONCERNS

- Offenders of all ages draw victims into relationships and maintain the relationship in secrecy
- Offenders of all ages manipulate children into keeping unsafe secrets
- Offenders of all ages often exploit a position of power

APPROPRIATE AND INAPPROPRIATE CONDUCT DEFINED

Appropriate physical contact:

- Side hugs
- Shoulder-to-shoulder or “temple” hugs
- Pats on the shoulder or back
- Handshakes
- High-fives and hand slapping
- Verbal praise
- Pats on the head when culturally appropriate
- Touching hands, shoulders, and arms
- Arms around shoulders
- Holding hands (with young children in escorting situations)

Inappropriate physical contact:

- Full-frontal hugs
- Kisses
- Showing affection in isolated areas
- Lap sitting
- Wrestling
- Piggyback rides
- Tickling
- Allowing a youth to cling to an employee’s or volunteer’s leg
- Any type of massage given by or to a youth
- Any form of affection that is unwanted by the youth or the staff
- Compliments relating to physique or body development
- Touching bottom, chest, or genital areas

Appropriate Verbal Interactions:

- Positive reinforcement
- Appropriate jokes
- Encouragement
- Praise

Inappropriate Verbal Interactions:

- Name-calling
- Secrets
- Cursing
- Off-color or sexual jokes
- Shaming
- Belittling
- Derogatory remarks
- Discussing sexual encounters or in any way involving youth in the personal problems or issues of staff
- Harsh language that may frighten, threaten or humiliate youth
- Derogatory remarks about the youth or his/her family

Appropriate Communication:

- Sending and replying to emails and text message from youth ONLY when copying in a supervisor or the youth’s parent
- Communicating through “organization group pages” on Facebook or other approved public forums
- “Private” profiles for staff and volunteers that youth cannot access

Inappropriate Communication:

- Harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning or humiliating comments
- Sexually oriented conversations
- Private messages between staff or volunteers and youth
- Posting pictures of organization participants on personal social media sites
- Posting inappropriate comments on pictures
- “Friending” participants on social networking sites

Appropriate Outside Contact:

- Taking groups of youth on an outing
- Attending sporting activities with groups of youth
- Attending functions at a youth’s home, with parents present

Inappropriate Outside Contact:

- Taking one youth on an outing without the parents’ written permission
- Visiting one youth in the youth’s home, without a parent present
- Entertaining one youth in the home of staff or volunteers
- One youth spending the night with staff or volunteers

REPORT YOUR CONCERNS AND ANY DISCLOSED ABUSE

As a YMCA volunteer, you are a Mandated Reporter. You are required to report your concerns to a Y staff team member within 24 hours. Together, we will follow the state’s Mandated Reporter guidelines. Remember, your role is to set in motion the process of getting help for the child.

COOPERATION WITH INVESTIGATIONS

The YMCA cooperates fully with the authorities to investigate of all cases of alleged abuse. Any volunteers should cooperate to fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for dismissal.

I understand that as a YMCA volunteer Child Abuse Prevention is my responsibility and I agree to abide by the statements and guidelines above.

Print Name

Signature

Date



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ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am
(Volunteer Name)

volunteering at the Greater Joliet Area YMCA, I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Print Name

Signature

Date

GREATER JOLIET AREA YMCA

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(815) SAY-YMCA • www.jolietyymca.org





GREATER JOLIET AREA YMCA ELECTRONIC COMMUNICATIONS GUIDELINES AND EXPECTATIONS

During these unprecedented times, we are relying on electronic communication more than ever to stay connected with one another. To ensure we can maintain appropriate boundaries between youth and adult volunteers at the YMCA, it is imperative that all participants adhere to the following guidelines and expectations when engaged in online electronic communication platforms:

SET APPROPRIATE BOUNDARIES FOR COMMUNICATIONS

- When using online platforms to communicate with youth, conversations should remain focused on curriculum, projects, and goal attainment rather than on personal details of ones' life.
- In the spirit of transparency, all instruction sessions must be recorded.
- Ensure that any conversation that may be misinterpreted as inappropriate is immediately brought to the attention of the YMCA's Volunteer and Community Engagement Director.
- Adult volunteers should refrain from communicating with youth they have met through YMCA programs via private emails, texts, or social media.

MAINTAIN PROFESSIONALISM

- When using any video conferencing platforms, like Zoom, please ensure that both your surroundings and personal appearance/attire reflect a professional image.

INVOLVE PARENTS AND GUARDIANS

- Parents/guardians or a caregiver over the age of 18 must be present for all instruction sessions.

By working together, we can provide a safe and enriching experience for all and ensure that youth have the opportunity to thrive while participating in virtual learning sessions.

As a YMCA volunteer, I agree to abide by the guidelines and expectations above.

Print Name

Signature

Date

