



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Volunteer Application

PERSONAL INFORMATION

FIRST & LAST NAME

DOB

ADDRESS

CITY

STATE

ZIP

PHONE

SEX

E-MAIL

EMERGENCY CONTACT INFORMATION

FIRST & LAST NAME

PHONE

INTERESTED VOLUNTEER OPPORTUNITIES

Please select your top three choices to volunteer. If you would only like to volunteer for one, select none as your other choices.

1ST CHOICE OPPORTUNITY

2ND CHOICE OPPORTUNITY

3RD CHOICE OPPORTUNITY

RELEVANT TRAINING OR EXPERIENCE

We want every member and participant to have the best experience at our YMCA. Let us know a little bit about yourself by listing any relevant training or experiences to help us decide where you would fit best. Example: class, work, or other volunteer experience.

GENERAL QUESTIONS

1. Are you volunteering for required Service Learning hours?

Yes

No

Number of hours required

Deadline

2. What do you hope to gain from volunteering?

3. What are your three greatest strengths?

1.

2.

3.

AVAILABILITY

Please indicate your hours of availability below.

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday



**FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Volunteer Agreement

CODE OF CONDUCT

Please sign your initials next to each policy. By signing you agree to follow them and also agree that any violation of this Code of Conduct will result in dismissal.

At any time during a YMCA program I will never be alone with a single child where others cannot observe me.

I will never leave a child unsupervised.

I will conduct or supervise private activities in pairs.

- E.g. when children use the restroom, diapering, putting on bathing suits, taking showers, etc.
- When this is not feasible volunteers should be positioned so that they are visible to others.

I will respect a child's right not to be touched in ways that make them feel uncomfortable and their right to say no.

I will never abuse children, including but not limited to: verbal, physical, mental and sexual abuse or neglect.

I will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline.

I understand that I am not to transport children in my own vehicle and under no circumstance should I release children to anyone other than an authorized parent or guardian.

While the YMCA does not discriminate against any individual's lifestyle, I understand it does require that I abide by the standards set forth by the YMCA – caring, honesty, respect, responsibility, and faith.

I will appear clean, neat and appropriately attired.

I understand that using, possessing or being under the influence of alcohol or illegal drugs during volunteer hours is prohibited. Including the use of tobacco on YMCA grounds.

I will be a positive role model for everyone by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Volunteer Agreement

RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT

Please sign your initials next to each statement. By signing you agree to freely, voluntarily, and without duress execute this Release under the following terms:

Waiver and Release. As a volunteer, I do hereby and forever discharge and hold harmless the Mankato Family YMCA (YMCA) and its successors from and all liability, claims, and demands of all kinds or nature; either in law or in equity, which arise or may hereafter arise from my participation in YMCA programs and events. I understand that this Release discharges the YMCA from any liability or claim that I may have against the YMCA with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation in YMCA programs and/or events. I also understand that the YMCA does not assume responsibility for or obligation to provide financial assistance or other assistance, including but not limited to: medical, health, or disability insurance. I acknowledge that there is no employment relationship between the YMCA and myself as a volunteer. I am not an employee of the YMCA for purposes of any law or regulation including federal or state wage and hour law, employee benefit laws or antidiscrimination laws.

Medical Treatment. I do hereby release and forever discharge the YMCA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my participation in the YMCA's programs or events.

Assumption of Risk. I hereby expressly and specifically assume the risk of injury or harm in these activities and release the YMCA from all liability for injury, illness, and death or property damage resulting from the activities of my participation in YMCA programs or events.

Insurance. I understand that the YMCA does not carry or maintain health, medical, or disability insurance coverage for any Volunteers. Each volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

Other. I agree that this Release is intended to be broad and inclusive as permitted by the laws of the State of Minnesota. I also agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Minnesota. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

I have read and agree entirely to the Mankato Family YMCA Volunteer Agreement

Signature

Date