



# YMCA OF SNOHOMISH COUNTY VOLUNTEER APPLICATION

**PHOTO ID REQUIRED**

## VOLUNTEER APPLICATION GUIDELINES:

1. Complete this Application. Contact the Program Director listed on the Volunteer Opportunities List.
2. Please use black or blue ink and write **legibly**. We need to clearly read your application.
3. Please complete each page and question. Incomplete forms cannot be processed.
4. Please sign your application. A parent's signature is **required** if you are under 18.
5. Applications and related materials must be processed before a volunteer can begin service (*please allow 2 weeks*).
6. The Y defines a "volunteer" as a person who works in Y programs without compensation or other financial benefit such as membership or reduced program fees.

## PLEASE COMPLETE ENTIRE APPLICATION:

Everett  
  Marysville  
  Mill Creek  
  Mukilteo  
  Monroe  
  Stanwood/Camano  
  BBBS  
  Assn

Last name	First name	Middle Initial	Maiden Name	Date
Date of Birth	Race/Ethnicity	Y Member?	Gender	Ever volunteered w/ the Y? _____ to _____
Address (Street) (City) (State) (Zip)				Home Telephone ( ) -
Mailing Address (if different)				Work Telephone ( ) -
Email address				Cell Telephone ( ) -
Position Applying for:				Avail Start Date

Present number of consecutive years lived in Washington state: \_\_\_\_\_ years \_\_\_\_\_ months

If you have not resided at the above address for the past three years, please list your addresses for the past three years:

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Spouses name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTINUED ON REVERSE SIDE →**





# YMCA OF SNOHOMISH COUNTY VOLUNTEER APPLICATION

## PARTICIPATION AND RELEASE:

- Mission: The Y promotes the values of caring, honesty, respect, and responsibility through programs that build strong kids, strong families, strong communities. I agree to cooperate in the fulfillment of this mission.
- Certification: I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I authorize the Y to make inquires regarding my education, work experience, references and a criminal background check. I release all parties and persons associated with any such inquires from liability in connection with information they give.
- Volunteer Terms: I agree to abide by the rules and regulations of the Y and understand that my services are donated to the Y without contemplation of compensation. The Y does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage. The Y does not offer free memberships to volunteers. Volunteers may not trade their time for free or reduced cost program participation.
- Property Loss: I understand that the Y is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in Y programs.
- Photograph Permission: I give permission for the Y to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purposes of promoting or interpreting Y programs.
- Medical Treatment: I give permission for Y staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.
- **Release of Liability/Participation: I am an adult age 18 or older and wish to participate in the Y's activities. In addition, if applicable, I give permission for my dependents to participate in the Y's activities. I understand that accidents can sometimes happen. Therefore, in exchange for the Y allowing me, and if applicable, my spouse and my dependents to participate in the Y's activities, I understand and expressly acknowledge that I release the Y, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Y activities whether on or off the Y's premises. I understand that this release includes any claims based on negligence, action or inaction of the Y, its employees, boards, members, volunteers or guests.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## CONSENT FOR APPLICANT UNDER 18 YEARS OF AGE

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**YMCA of Snohomish County**  
**Child Abuse Prevention Statement**  
**Code of Conduct**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. In order to protect Y employees, volunteers, and program participants – at no time during a Y program may an employee be alone with a single child where they cannot be observed by others. As employees supervise children, they should space themselves in a way that other employees can see them. Exception: BBBS mentoring programs</li> <li>2. Volunteer shall never leave a child unsupervised.</li> <li>3. Child care restroom supervision: Volunteer will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Volunteer will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for volunteer (not being alone with a child). If you must assist younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip.</li> <li>4. Volunteer should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, employee should be positioned so that they are visible to others.</li> <li>5. Volunteer shall not abuse children including:             <ul style="list-style-type: none"> <li>• physical abuse – strike, spank, shake, slap</li> <li>• verbal abuse – humiliate, degrade, threaten</li> <li>• sexual abuse – inappropriate touch or verbal exchange</li> <li>• mental abuse – shaming, withholding love, cruelty</li> <li>• neglect – withholding food, water, basic care, etc.</li> </ul>             Any type of abuse will not be tolerated and may result in immediate termination.           </li> <li>6. Volunteer must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison, and criticism. 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.</li> <li>7. Volunteer will conduct a health check of each child, each day, as they enter the program, noting 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.</li> <li>8. Volunteer will respond to children and parents with respect and consideration and treat all children equally regardless of sex, race, religion, culture. Children and their parents should not be singled out for favored attention or receive personal gifts.</li> </ol> | <ol style="list-style-type: none"> <li>9. 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.</li> <li>10. Volunteer will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.</li> <li>11. Volunteer must appear appropriately attired and refrain from wearing clothing or otherwise displaying messages that could be perceived as offensive, provocative, or obscene.</li> <li>12. 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.</li> <li>13. Volunteer must be free of conditions that might adversely affect children's health.</li> <li>14. Volunteer will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.</li> <li>15. Volunteer may not be alone with children they meet in YMCA programs outside of the Y This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written preapproval by branch executive. Exception: BBBS mentoring programs</li> <li>16. Volunteer may not transport children in their own vehicles.</li> <li>17. Volunteer may not date program participants under the age of 18 years of age.</li> <li>18. In specified programs, volunteer should not release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file w/the Y).</li> <li>19. Volunteer shall immediately report to their supervisor and the designated branch abuse prevention coordinator any violations of this code of conduct or any other concerns regarding inappropriate conduct or behavior between or among YMCA employees, volunteers, participants, or others.</li> <li>20. Volunteer is required to cooperate and comply with any internal or external abuse investigations including those conducted by or on behalf of the YMCA, CPS, and law enforcement.</li> <li>21. Volunteer is required to read and sign this code of conduct, follow all program rules and boundaries including appropriate touch guidelines, and attend trainings on the subject, as instructed by a supervisor.</li> </ol> |
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[Branch Name, Name of Prevention Coord, Phone# ]

I agree to abide by the Code Of Conduct and understand that any violation may result in termination.

\_\_\_\_\_  
Name (Print: First, Middle Initial, Last)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# Volunteer Disclosure Statement

YMCA of Snohomish County

Everett       Marysville       Mill Creek       Mukilteo       Monroe       BBBS       Assn

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

***Have you ever been accused, charged or convicted of any of the following crimes against children or other persons:***

Yes	No		Yes	No	
( )	( )	Aggravated murder	( )	( )	First degree promoting prostitution
( )	( )	First or Second degree murder	( )	( )	First degree arson
( )	( )	First or Second degree kidnapping	( )	( )	Indecent liberties
( )	( )	First, Second or Third degree assault	( )	( )	Incest
( )	( )	First, Second or Third degree rape	( )	( )	Vehicular homicide
( )	( )	First or Second degree extortion	( )	( )	Unlawful imprisonment
( )	( )	First or Second degree robbery	( )	( )	Simple assault
( )	( )	First or Second degree manslaughter	( )	( )	Sexual exploitation of minors
( )	( )	First Degree Burglary	( )	( )	First or Second degree custodial interference
( )	( )	Malicious harassment	( )	( )	First, Second or Third degree rape of a child
( )	( )	Child abuse or neglect	( )	( )	First, Second or Third degree child molestation
( )	( )	Child buying or selling	( )	( )	First or Second degree criminal mistreatment
( )	( )	Child abandonment	( )	( )	Selling or distributing erotic material to a minor
( )	( )	Communication with a Minor	( )	( )	Promoting pornography
( )	( )	Custodial Assault	( )	( )	Patronizing a Juvenile Prostitute
( )	( )	First or Second degree sexual misconduct with a minor	( )	( )	Or any of these crimes as they may have been renamed
( )	( )	Violation of Child Abuse Restraining Order			

If your answer is "YES" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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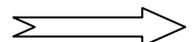
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***Please answer the following questions:***

- |   | Yes | No  |
|---|-----|-----|
| 1. Have you ever been found in a dependency action to have sexually assaulted or exploited a minor or to have physically abused a minor?  | ( ) | ( ) |
| 2. Have you ever been found in a court in a domestic relations proceeding to have sexually assaulted or exploited a minor or to have physically abused a minor?   | ( ) | ( ) |
| 3. Have you ever been found in a disciplinary board final decision to have sexually assaulted or exploited a minor or to have physically abused a minor?  | ( ) | ( ) |
| 4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older, or who has a functional, mental or physical inability to care for her or himself, or who is a patient in a state hospital?                      | ( ) | ( ) |
| 5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited any person 60 years of age or older, or who has a functional, mental or physical inability to care for her or himself, or who is a patient in a state hospital? | ( ) | ( ) |

Continued on back



If you answered "YES" to any of the previous questions, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

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We will require your legal name and birthdate plus other optional information to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are allowed to work before that report is available, YOUR CONTINUING STATUS AS A VOLUNTEER WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT. A thumbprint may be required to later verify information received from the State Patrol. You will be notified of the State Patrol's response within ten (10) days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am allowed to work, I can be released for any misrepresentation or omission in the above statements. I also understand that if I am allowed to work, my continuing status as an employee is conditioned on the YMCA of Snohomish County's receipt of a satisfactory report from the Washington State Patrol.

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Signature

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Date

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Printed Name

# WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://watch.wsp.wa.gov>



## REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL \_\_\_\_\_ Notarized Letter(s)  
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

**A**

### SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**B**

### REQUESTOR INFORMATION: (Please type or print clearly)

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Receive background results electronically Phone No. (\_\_\_\_) \_\_\_\_\_

Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Right Thumb Print (Optional)

Name

Address

City State ZIP Code

**PHOTO ID  
REQUIRED**

**Thank you for your application**  
YMCA of Snohomish County