



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

Unicoi County Family YMCA Application for Volunteers

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Unicoi County Family YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

Name: Please Print or Type	Social Security No.	Home Phone Number
Address: Street Number and Name, City, State, Zip	Number of Years at present address?	Cell Phone Number
Previous Address: Street Number and Name, City, State, Zip	Number of Years at previous address?	Email Address
Can you, after employment, submit verification of your legal right to work in the United States?		
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony, or for child abuse or sex related crimes? Do not include marijuana related convictions which occurred more than two years prior to the date of this application. (A conviction will not necessarily disqualify you.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Would you be willing to give to contribute to the Unicoi County Family YMCA annual giving campaigns? Amount you would like to contribute per pay period \$_____ (i.e. \$1, \$2, \$5, etc.)		
Type of Position desired	Date Available	Salary Desired
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied at the Unicoi County Family YMCA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:	Have you ever been employed by the Unicoi County Family YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:	
How Were you referred to the YMCA <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please Specify Below) Name of Employee: _____		

EDUCATION AND TRAINING

School Name & Location	Years Attended	Graduated? (Yes/No)	Degree	Major/Subject
Elementary				
Highschool				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. Highschool 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				

U.S. MILITARY SERVICE DATA

Branch
List Special Training or Skills

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			
(Job 1) Company Name		Phone No. ()	Dates of Employment From (mm/yy) to (mm/yy)
Address (Street, City, State, Zip Code)			
Job Title-Start	Job Title-Finish	Base Rate of Pay Start Finish	
Supervisor Name and Title			
(Job 2) Company Name		Phone No. ()	Dates of Employment From (mm/yy) to (mm/yy)
Address (Street, City, State, Zip Code)			
Job Title-Start	Job Title-Finish	Base Rate of Pay Start Finish	
Supervisor Name and Title			
Description of Job Duties			
(Job 3) Company Name		Phone No. ()	Dates of Employment From (mm/yy) to (mm/yy)
Address (Street, City, State, Zip Code)			
Job Title-Start	Job Title-Finish	Base Rate of Pay Start Finish	
Supervisor Name and Title			
Description of Job Duties			

REFERENCE DATA PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Unicoi County Family YMCA is not obligated to retain or consider this application for future openings.

(Initial) _____

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Unicoi County Family YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising therefrom.

(Initial) _____

If employed by the Unicoi County Family YMCA I will abide by Unicoi County Family YMCA policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

(Initial) _____

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Unicoi County Family YMCA's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

(Initial) _____

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Unicoi County Family YMCA. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Unicoi County Family YMCA storage areas provided for me (locker, desk, etc.) are open to investigation by the Unicoi County Family YMCA without prior notice to me.

(Initial) _____

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Unicoi County Family YMCA concerning the nature of my employment, if any, by the Unicoi County Family YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Unicoi County Family YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the Unicoi County Family YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature _____ **Date of Application** _____

SUBSTANCE ABUSE POLICY

This policy applies to all employees of the Unicoi County Family YMCA, including full-time, part-time, temporary and seasonal employees. Absolute compliance with this Substance Abuse Policy is a condition for employment.

The Unicoi County Family YMCA has the responsibility to establish, promote and maintain a safe, efficient and healthy environment. Employees who use drugs or who work while under the influence of drugs or alcohol present a safety hazard to themselves, fellow employees, members and persons having business with the YMCA. In order to maintain high safety standards, integrity and reputation, the following Substance Abuse Policy is made effective throughout the YMCA:

Employees are strictly prohibited, while on duty or on YMCA property, from being under the influence of or retaining a detectable amount of alcohol or illegal or illicit (legal drugs used or obtained improperly) drugs. Under no circumstances may an employee manufacture, possess, sell, distribute, solicit, use or receive alcohol or illegal or illicit drugs while on duty or on YMCA property or property used by the YMCA.

The Unicoi County Family YMCA reserves the right to carry out reasonable searches of individuals and their personal effects, including vehicles, while on or using YMCA property when there is reason to believe that the individual has on his person or in his possession any alcohol or illegal or illicit drugs. This search may occur without prior notice. YMCA property includes worksite, office, or vehicle, which is owned or used by the YMCA, including but not limited to parking lots, desks, lockers and equipment. Violation of this policy subjects the offending employee to discipline including termination or suspension without pay.

In support of this Substance Abuse Policy, the following procedures and rules are hereby implemented:

I. Drug Testing

A. Pre-Employment Testing

All new employees and rehired former employees may be required to take a YMCA physical, where applicable, prior to work. A drug screen test may be required. Positive test results for alcohol, illegal or illicit drugs will result in an immediate revocation of the offer for hire or rehire.

B. Absence from Work

Employees absent from work may be required to have a physical examination including drug testing prior to returning to work.

C. Current Employee Testing

1. Employees suspected of working or reporting to work under the influence of alcohol or illegal or illicit drugs would be required to submit to drug testing.
2. Employees involved in or contributing to a medical treatment injury, property loss accident or liability accident may be tested for the presence of alcohol, illegal or illicit drugs.
3. The YMCA reserves the right to test any employee on a random basis to ensure absolute compliance with the Substance Abuse Policy.

II. Substance Abuse Testing

A. Testing for job applicants and employees will include a urinalysis for the following drugs:

1. Alcohol: (not required for job applicant testing). Any "Alcoholic Beverage", all liquid medications containing ethyl alcohol (ethanol). Please read the label for content. For Example: Vicks Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contac Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).
2. Amphetamines: "speed", "uppers", etc.
3. Cannabinoids: THC, marijuana, hashish, "pot", "grass", "hash", etc.
4. Cocaine: "coke", "crack", etc.
5. Phencyclidine: PCP, "angel dust"
6. Opiates: Narcotics, Heroin, Codeine, Morphine, "smack, dope, etc..."

III. Results of Drug and Alcohol Testing

Any employee who is required to submit to a drug and alcohol test as a result of item I.C. 1. above, will be excluded from work, with pay, until the YMCA receives the test results. If the test results are negative, the employee may return to work.

Any employee who is required to submit to a drug and alcohol test as a result of item I.C.2. or 3. above may return to work immediately. If the test results are positive, the employee is subject to discipline including termination or suspension without pay.

IV. Employee Assistance

Employees who are experiencing any alcohol, drug-related, marital, personal, financial, divorce or abuse problems are encouraged to seek help from a professional treatment program. Employees will not be disciplined for voluntarily using a professional treatment program. However, enrollment in the program will not shield an employee from discipline for work related problems or for a violation of the Substance Abuse Policy.

V. General

A. The YMCA will pay all clinical costs associated with required drug or alcohol testing.

B. Any employee who refuses to submit to a drug or alcohol test or refuses to cooperate in any YMCA search or investigation will be subject to termination.

Federal, State or Government regulations may require certain employees to take tests differing from those prescribed by this policy. I do hereby certify that I have received and have read the Unicoi County Family YMCA Substance Abuse Policy.

I understand that if conditions as specified in the policy indicate it necessary, I will submit to a substance abuse screening. I also understand that failure to comply with a request for drug screening or a positive result may lead to termination of employment.

Name (Print) _____

Signature _____ **Date** _____

In the Unicoi County Family YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities and character. This inquiry will include conviction criminal history information and information in my background related to child abuse. I fully consent to and authorize all such inquiries. I will provide the requested information for the sole purpose of obtaining a conviction-only criminal history file search. I understand that my continued employment is contingent upon a clean criminal history background check.

I authorize the YMCA to request my employment records from any former employer(s). I further understand that inquiries may be made concerning by background, experience, and prior employment. I waive any right to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest that I am considered for employment. I also release the YMCA from any liability re: sharing with third parties any child abuse information gathered in this background check and observed during my employment with the Y.

In the event of employment by the Unicoi County Family YMCA, I will comply with all policies set forth in the personnel manual and with other policies established from time to time by the organization.

I also understand that if hired as a YMCA employee or volunteer, I am not allowed to fraternize with the YMCA youth members or participants outside the YMCA programs, including, but not limited, to babysitting or inviting children to my home unless I previously knew the youth membership prior to my YMCA employment.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and report such allegations to the police and state agencies for investigations.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely "employment at will," giving either me or the YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through the date of termination.

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentations or omission of facts would exclude my being considered for employment. Any misrepresentations or omissions of facts discovered after employment may be cause for termination or employment with the YMCA. I hereby acknowledge that I have read and understand the above statement and that I voluntarily sign this application.

Signature of Applicant _____ **Date** _____

<p>1. In order to protect YMCA staff, volunteers, and program participants - at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them</p> <p>2. Staff shall never leave a child unsupervised.</p> <p>3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff 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. A minimum of three people, one of whom must be a staff member, should accompany them</p> <p>4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.</p> <p>or</p> <p>5. Staff shall not abuse children including:</p> <ul style="list-style-type: none"> - 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. <p>Any type of abuse will not be tolerated and may be cause for immediate dismissal.</p> <p>6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff 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.</p> <p>7. Staff 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.</p>	<p>8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.</p> <p>9. Staff 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.</p> <p>10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.</p> <p>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</p> <p>12. Staff must appear clean, neat, and appropriately attired.</p> <p>13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.</p> <p>14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.</p> <p>15. Profanity, inappropriate jokes, sharing intimate details of one's personnel life, and any kind of harassment in the presence of children or parents is prohibited</p> <p>16. Staff 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.</p> <p>17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.</p> <p>18. Staff 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.</p> <p>19. Staff are not to transport children in their own vehicles.</p> <p>20. Staff may not date program participants under the age of 18 years of age.</p> <p>21. Under no circumstance should staff 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).</p> <p>22. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.</p>
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I understand that any violation of this Code of Conduct may result in termination.
Employee Signature _____ **Supervisor Signature** _____ **Date** _____

The Redwoods Group thanks and acknowledges the cooperation of the YMCA of the USA for permitting the verbatim reproduction (except for the format change to two columns on a single page) of this critical personnel management tool.