

GREATER LOWELL FAMILY YMCA

VOLUNTEER APPLICATION

Name:											
Address:			City:	State: Zip:							
Phone Number:	:		Email:								
Emergency Con	ntact			_ Phone Number							
How did you he	ear about the YM	CA:									
	like to volunteer										
	ent would you lik										
			ompletion date:	/ /							
	es are you availal										
Sunday	-		Wednesday	Thursday	Friday	Saturday					
Employment/Vo	olunteer Experien										
Position Held	N	lame/Phone Num	ber of Business		Dates						
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References: Ple	ase provide 3 ref	erences of whom	1 you have known	at least 1 year.							
	•		•	Phone Number	Relatio	nship					
	41.00.4.4.1										
**											
				perform the tasks		e position you					
I give permissio Yes		Lowell Family Y	MCA to transport	me to a local hospi	tal in case of	an emergency:					
Volunteer Signa	iture			Date							

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Greater Lowell Family YMCA

Code of Conduct

- 1. In order to protect YMCA staff, volunteers and program participants-at no time during a YMCA program may a staff/volunteer person be alone with a single child where they cannot be observed by others. As staff/volunteers supervise children, they should space themselves in a way that other people can see them.
- 2. Staff/volunteers shall never leave a child unsupervised.
- 3. Restroom supervision: Staff/volunteers will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff/volunteers will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff/volunteer (not being alone with a child). If staff/volunteers 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 with staff/volunteer.
- 4. Staff/volunteers 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.
- 5. Staff/volunteers shall not abuse children including:

Physical abuse- strike, spank, shake, slap;

Verbal abuse- humiliate, degrade, threaten; inappropriate volume,

Sexual abuse- inappropriate touch or verbal exchange;

Mental abuse- shaming, withholding love, cruelty, mocking

Neglect- withholding food, water, basic care, etc.

Any type of abuse will not be tolerated and may be cause for immediate dismissal.

6. Staff/volunteers 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 and other children from harm), is only administered in a prescribed manner and must be documented in writing.

- 7. Staff/volunteers will conduct a health check of each child, each day, as they enter the program, noting any fever, visual bumps, bruises, burns, etc. Any sign of abuse should immediately be reported to the program director.
- 8. Staff/volunteers will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture or disability.
- 9. Staff/volunteers 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 on areas of their bodies that would be covered by a bathing suit.
- 10. It is the policy of the Greater Lowell Family YMCA that all staff/volunteers will conduct themselves in a professional manner while on YMCA premises. Staff/volunteers shall not engage in inappropriate displays of affection including, but not limited to, excessive hugging, inappropriate touching, kissing, or any activities that are intimate in nature. This Code of Conduct policy extends to staff/volunteers interaction with other staff, volunteers, members, program participants, guests and all other individuals that are on YMCA property.
- 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/volunteers must appear clean, neat and appropriately attired.
- 13. Using, possessing, or being under the influence of alcohol, marijuana, other controlled substances or illegal drugs during working hours is prohibited.
- 14. Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.
- 15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the YMCA facility is prohibited.
- 16. Staff/volunteers must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
- 17. Staff/volunteers will portray a positive role model for the YMCA by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.

18.	Staff/volunteers may not have contact with children under the age of 18 they meet in YMCA programs outside of the YMCA. This includes, but is not limited to, visiting each other's home, attending events together, phone
	contact, social networking, texting, babysitting, sleepovers and any other non-spontaneous contact
	whatsoever. Any exceptions require a written explanation before the fact and are subject to the express
	approval of the YMCA CEO.
19	. Staff/volunteers are not to transport children in their own vehicles.
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20.	Staff/volunteers may not date program participants, member or staff under the age of 18 years of age.
21.	. Under no circumstances should staff/volunteers 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/volunteers 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.
l u	nderstand that any violation of this Code of Conduct may result in termination.
۷o	lunteer Signature Date
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Greater Lowell Family YMCA Sexual Harassment Policy

Sexual harassment in the workplace is unlawful and it is unlawful to retaliate against an employee for filing a complaint of sexual harassment or for cooperation in an investigation of such a complaint. The YMCA subscribes to the following guidelines concerning sexual harassment and has adopted them as a policy. Moreover, as a part of the YMCA's overall nondiscrimination policy, the YMCA prohibits all forms of harassment of others because of race, color, religion, sex, age, national origin, ancestry, or other protected status. In particular, an atmosphere of tension created by discriminatory remarks or discriminatory animosity does not belong in our workplace and will not be tolerated.

For purposes of this policy, sexual harassment is defined as any type of sexually oriented conduct, whether intentional or not, that is unwelcome and has the purpose or effect of creating a work environment that is hostile, offensive or coercive to a reasonable woman or man, as the case may be. The following are examples of conduct that depending upon the circumstances, may constitute sexual harassment:

- Unwelcome and unwanted sexual jokes, language, epithets, advances or propositions;
- Written or oral abuse of a sexual nature, sexually degrading or vulgar words to describe an individual;
- The display of sexually suggestive objects, pictures, posters, or cartoons;
- Unwelcome and unwanted comments about an individual's body, sexual prowess or sexual deficiencies;
- Asking questions about sexual conduct;
- Unwelcome touching, leering, whistling, brushing against the body, or suggestive insulting or obscene comments or gestures.
- Demanding sexual favors in exchange for favorable reviews, assignments, promotions, or continued employment, or promises of the same.

If you believe that you have been the subject of sexual harassment or subjected to a hostile, offensive, or coercive work environment, or if you are not sure whether certain behavior is sexual harassment or whether it is actionable under this policy, you are strongly encouraged to immediately notify your supervisor or Executive Director, so that the YMCA may have the opportunity to investigate and deal promptly with your complaint. An investigation of all complaints will be undertaken immediately, and all information will be handled with the highest degree of confidentiality possible under the circumstances and with the due regard for the rights and wishes of all parties involved.

Employees may also contact:

Massachusetts Commission Against Discrimination One Ashburton Place, 6th Floor Boston, MA 02108 617 727-3990 Equal Employment Opportunity Commission One Congress St. 10th Floor Boston, MA 02114-2023 617 565-3200

Any employee of the YMCA who is found by the YMCA after an investigation to have harassed another in the workplace will be subject to appropriate discipline up to an including termination, depending upon the circumstances of the situation.

I have read and understand the policy.

Volunteer Signature _		Date	
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Greater Lowell Family YMCA Volunteer Waiver Agreement

THIS IS A RELEASE OF LIABILITY AND THE WAIVER OF CERTAIN LEGAL RIGHTS.

LIABILITY WAIVER: The undersigned ("volunteer"), by tendering this application, agrees to abide by all the rules and regulations of the YMCA now in effect or to become effective in the future. Copies of such rules shall be posted within the facility, in a conspicuous location. Inappropriate behavior by a volunteer may result in suspension or termination of that volunteer for any reason whatsoever. In addition, the YMCA may refuse keeping the volunteer for any reason.

It is expressly agreed that the use of the Greater Lowell Family YMCA's facilities and premises (including but not limited to parking areas, walkways etc.) shall be undertaken by the volunteer at his or her sole risk and the Greater Lowell Family YMCA shall not be responsible or liable for loss or damage to any other property of volunteer, including but not limited to their automobiles and contents. It is also agreed that damages to the YMCA facilities or properties, or to the properties of any member by a volunteer, is the sole responsibility of the offending volunteer.

The Volunteer understands that he / she is not an employee of the Greater Lowell Family YMCA and agrees that he/she will not receive any compensation or benefit nor be eligible for any coverage under the Massachusetts Workers Compensation Laws.

Printed name of Volunteer	Signature of Volunteer	Date
*If Volunteer is under 18 a parent i	nust also sign:	
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date

I have carefully read the above and understand the waiver.



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and Certification
99 Chauncy Street, 11th floor, Boston, MA 02111

617-753-8000

CORI

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department has been certified by the Executive Office of Public Safety, Criminal History Systems Board, for access to reports from the criminal offender record information system.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your request form.

Government-issued photographic identification includes, but is not limited to: state issued drivers license, state issued photographic identification card, passport, or US military ID. We are not able to accept an identification card issued by a private employer or, with the exception of a passport, by a non-US or state government agency.

If you have any questions or concerns regarding the completion of these CORI forms please contact Pearlina Mills (617) 753-8124.

Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and Certification
99 Chauncy Street, 11th floor, Boston, MA 02111
617-753-8000

Criminal Offender Record Information (CORI) Acknowledgement Form

The Department of Public Health, Division of Health Care Facility Licensure and Certification, is certified by the Department of Criminal Justice Information Services (DCJIS) to screen applicants for licenses to operate health care facilities and programs. As a licensure applicant, I understand that a CORI check will be submitted to DCJIS for my personal information. I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information, only, and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS.

Signature			Date						
*Last Name *First Name				Middle Name	<u> </u>	Suffix			
Maiden Name (or oth	er name(s) by which you	have been k	nown)						
i	1			XXX /	1				
*Date of Birth, mm	/dd/yyyy	Place	of Birth	*Last Six Digi	ts of Your Social	Security Number			
Sex M F	Height	ft	in	Eye Color	Race				
Driver's License or II) Number			State of Issue					
Mother's Full Maiden	Name			Father's Full Name					
Current Address									
Street Number & Nar	me	Cit	y/Town		State	Zip			
Former Address									
Street Number & Nam	ne	Cit	y/Town		State	Zip			
DPH/DHCFLC use identification:	only. The above inform	ation was ve	rified by	reviewing the following form(s)	of government-iss	ued			
Name of Verifying Er	mplovee (Please Print)		 -	Signature of Verifying Employe	e				

Sex Offender Registry Board

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender this form and mailed to the SAttn: SORI Coordinator, P. along with a self-addressed seprovide a report that includes the person identified is a sex offender offense(s) for which the offender date(s) of the conviction(s) or adjute the law only permits the public to required to register and finally classic (moderate risk) or level 3 (high risk is not available to the public if the risk) offender or if he/she has not Board.	Sex Off O. Box tamped following with an was consideration receive assified a sk) offen identification	fender 4547 d enverage information (s). It information the inder. It inder ind	r Registration of adjustments of adj	Then: who regindicate adon series a in is a in	Boar Boar ether ster, t ted, and vised a offer level	rd, 1970, d will the he and the that aders 2 ation			-				S	GORB	USE C	PNLY						
All requests shall be recorded a assist or defend in a criminal pr			fidentia	al, ex	cept	to	L									***				·····		
Requestor's name:												Date	of b	irth:							_	
Organization name: (if any) Address:	- L	o yn	ter Lo IICA I II, MA 54-78	Driv V 01	/e 852	amily						Telephone number: ()										
I swear under the pains and pen for my own protection, the protected or custody. Requestor's signature:	ection (of a cl	iild un	der 1	18 ye	ars of	age,	or for	the p	prote	ectio	n of a	anoth	ier p	ersc	and I	who	om I	have	e res _l	on	nation sibility
I hereby request that the following																						husetts
Subject's LAST NAME:				T	1		T	1	1	T	Γ	T				1		106.	1			1]
Subject's FIRST NAME::				l					T		<u> </u>	<u> </u>			I				<u>_</u>			j]
Subject's MIDDLE INITIAL:																<u></u>		1		!		ı
Date of birth or approximate age:			1			/	I	I														
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Address (PRINT):					·····																	
Personal identifying characteristic	s:																					
ex: Race: He	ight: _		We	ight	:		Eye	Color	·:		Ha	ir C	olor:									
Other information (e.g. license pla	te numl	ber, p	arents'	nam	ıes, et	c.):											· · · · ·					

If additional information is needed, please contact the Requestor at the telephone number above.

**********WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C-178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 %) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).