



VOLUNTEER APPLICATION YMCA of San Francisco

Personal Information

Name _____ Today's Date _____

Address _____ City/State _____ Zip _____

Phone _____ Email _____

How did you hear about this volunteer opportunity? Branch Online Other: _____

Volunteer Interest(s): Community/Youth Programs Senior Programs Health & Fitness/Aquatics
 Administration/Special projects Special Interest/Policy Other/Unknown

Why are you interested in volunteering for the YMCA? _____

Community Service or School Requirement? YES NO Number of hours needed: _____ By: _____

Are you over 18? YES NO Are you over 21? YES NO Are you a YMCA member? YES NO

Availability

Please indicate the hours you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How many days a week would you like to volunteer? _____ Comments _____

How long would you like to volunteer for? Short term Semester basis Ongoing As needed

Employment Information

Please indicate if you are retired or unemployed. NOTE: Work experience is not a requirement to volunteer.

EMPLOYER	TITLE	SUPERVISOR	PHONE	DATES OF EMPLOYMENT

Volunteer Information

Please list current or previous volunteer experience:

ORGANIZATION	ROLE/EXPERIENCE	SUPERVISOR	PHONE	DATES OF VOLUNTEERING?

Academic Information

NOTE: Formal education is not a requirement to volunteer. We welcome experience of all kinds.

NAME OF SCHOOL	LOCATION	COURSE OF STUDY/DEGREE	LEVEL COMPLETED

Special Certificates/Licenses/Qualifications/Degrees, any other relevant skills or experience:

References (2 Personal and 2 Professional)

REQUIRED

NOTE: The YMCA checks references on all volunteers, as such the following information is required of all applicants.

PERSONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	YEARS KNOWN

PROFESSIONAL REFERENCES

NAME	PHONE	E-MAIL	RELATIONSHIP TO YOU?	YEARS KNOWN

Agreement

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be grounds for discharge. I further understand that final volunteerism is based on completion of all volunteer screening requirements and procedures, including interview(s), reference checks, verifications, physical examination and fingerprinting.

I authorize all organizations and persons named above to give information about me and I hereby release them of all liability.

If I am engaged as a YMCA Volunteer, I agree to observe all rules, regulations, policies and procedures as they relate to the YMCA of San Francisco at all times. I further understand that, although I may be volunteering for a particular position and shift, it may be necessary to accept different assignments, schedules or hours.

I hereby certify that all of the facts set forth in my application are true and complete. I understand that if I am engaged as a YMCA Volunteer, false information on this form or failure to disclose material facts will be considered grounds for discharge. I further understand that my services are on a volunteer basis for which no compensation is provided, and that these services are at-will and may be terminated at any time by either party.

Signature: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____
(If you are under 18)

Please return this completed application form to your YMCA branch.

YMCA of San Francisco

Acknowledgment of Receipt of Volunteer Personnel Guidelines and Practices

I have received a copy of the YMCA of San Francisco Volunteer Guidelines and Practices. I understand that it contains important information on YMCA policies and on my privileges and duties as an volunteer. I understand that I have a duty to familiarize myself with the policies in the Volunteer Guidelines and Practices and abide by these policies.

I have read the Volunteer Guidelines and Practices. I understand that I am governed by its contents. I also understand that my volunteerism is at-will, and that either the YMCA or I can terminate my volunteerism at any time, with or without cause or advance notice. I further understand that the YMCA retains its discretion to make all other decisions concerning my volunteer (including, e.g., decisions regarding demotions, transfers, volunteer responsibilities, increases or reductions in pay, bonuses or other compensation, or any other managerial decision) with or without cause. I understand that none of the policies contained in the YMCA's Personnel Guidelines and Practices alter these terms and that any agreement to the contrary must be in writing and signed by a duly authorized officer of the YMCA.

I further understand that the YMCA can change, delete or add to any policies or practices described in the Personnel Guidelines and Practices (except at-will employment) from time to time in its sole and absolute discretion with or without prior notice.

Volunteer Name

Branch

Volunteer and Date

YMCA of San Francisco

Child Abuse Prevention Policy

VOLUNTEERS

1. All new adult (over 18 years old) volunteers and returning adult (over 18 years old) volunteers who in the ordinary course of their volunteer duties work directly with minors are deemed to have a supervisory and/or disciplinary relationship over minors and will be screened for criminal history by submitting their fingerprints to the Department of Justice prior to working directly with children.
2. All new adult volunteers who in the ordinary course of their volunteer duties are expected to be alone with one or more children without a second adult being present must be fingerprinted through Live scan or cleared through (D.O.J.) hard prints prior to working: Mentors, tutors, big brother/sisters, coaches are examples of positions that may typically be alone with one or more children.
3. All returning program volunteers who have not volunteered or been criminal record checked by the YMCA of San Francisco during the same calendar year will be screened for criminal history by submitting their fingerprints to the Department of Justice prior to volunteering again.
4. Hard copy of fingerprints or computer copy of live scan must be submitted to the Association Office Human Resources Department within seven days of hire. Volunteers will be re-checked randomly and/or upon re-hire.
5. All volunteers are discouraged from working one-on-one in an outside capacity (e.g. baby-sitting, swim lessons) or having outside contact with any youth member or minor program participant of YMCA.
6. Any volunteers having contact with YMCA youth members or program participants outside of a YMCA program must be accompanied by at least one other adult during the duration of the activity.
7. All volunteers will be informed about the YMCA of San Francisco's child abuse policy including basic child abuse prevention, recognition and report training. New volunteers will receive on orientation and specific child abuse prevention training.
8. If you suspect child abuse based upon behaviors, physical symptoms or signs, you need to report it immediately to your supervisor, monitor, assess the situation and as appropriate report to appropriate authorities. All volunteers will be considered mandated child abuse reporters. Information on mandatory reporting will be issued to volunteers at Branch. No supervisor or administrator may impede a child abuse report and reporters are not required to disclose their identity in complying with internal procedures. However, when assessing for child abuse consultation with YMCA Branch or Association management is strongly encouraged. A YMCA Program Director or Executive Director should initial all child abuse incident reports and (CPS) reports
9. Child abuse reports will be handled initially at branch level with "witness" reporting (verbally or in writing) to supervisor. Branch designee, either the witness or their supervisor or specific Branch designated child abuse reporter will contact Child Protective Services (CPS) or police sex crimes unit as appropriate. The Branch Executive Director or Association Vice President should be informed of the incident and the report immediately. If volunteers or staff have been accused or are involved in the incident, then inform the Vice President of Human Resources (verbally or in writing) immediately. Written report should be mailed by branch designated personnel to CPS and sent to the Vice President of Human Resources, as well as, a copy retained at the Branch
10. All volunteers are required to inform their supervisor or Branch Executive if they learn that a fellow staff or volunteer has a prior history of sexual abuse charges.
11. All volunteers are required to read the child abuse prevention policies and the incident reporting policies in the Handbook.
12. I have received a copy of the YMCA of San Francisco Child Abuse Prevention Policy. I have read the YMCA's Child Abuse Prevention Policy and understand that I am responsible for knowing and complying with the procedures and requirements provided in these policies with regards to my employment with the YMCA of San Francisco. I will abide by the YMCA's policies and procedures at all times during my volunteerism including the provisions outlined in the Child Abuse Prevention Policy. This policy does not constitute or imply a contract. I understand that my volunteerism is *at-will* and that I, or the YMCA of San Francisco can terminate my volunteerism at any time with or without cause.

13. Print Name: _____

14. Signature: _____ Date: ____/____/____

YMCA of San Francisco

Statement Acknowledging Requirement to Report Suspected Child Abuse

NAME: _____

FACILITY: _____

FILE NUMBER: _____

POSITION: _____

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or volunteers of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child Care Custodian" includes teachers, licensed day care workers, administrators of community care facilities licensed to care for children, foster parents, and group home personnel.

As a prospective volunteer of this facility, your employment position falls within the definition of "child care custodian". Therefore, you are mandated to comply with the child abuse reporting requirements as stated above.

I, _____ have read and understand the requirements of PC Section 11166 as outlined above and will comply with those provisions.

Signature: _____

Date: _____

YMCA of San Francisco
Criminal Record Statement

INSTRUCTIONS:

1. As a condition of employment, the YMCA of San Francisco requires that you be fingerprinted and complete this statement.
2. Copies of this statement are to be maintained in the Association Office personnel file and at the branch.

In the past seven (7) years have you been convicted of a misdemeanor or a felony?

Do not identify any conviction or any other determination, adjudication or matter considered in or processed through the juvenile justice system. Also, do not identify any misdemeanor conviction if both (a) you have successfully completed your probation and (b) the court has dismissed your case. Also, do not identify any non-felony marijuana infractions and convictions that are older than two years. Also, do not identify any arrest or detention that did not result in a conviction or any record of a referral to, and participation in, any pretrial or post-trial diversion program, and do not identify any pending charges for which entry into a diversion program has taken place and final disposition is pending. **San Francisco, California Applicants:** In addition to the above, do not identify: (1) a conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative (for example, under California Penal Code sections 1203.4, 1203.4a, or 1203.41); (2) a conviction for which more than seven years has passed since the date of sentencing; (3) an arrest that did not lead to a conviction and is not the subject of an active pending criminal investigation or trial; or (4) an offense other than a felony or misdemeanor, such as an infraction.

YES NO

If Yes, write on this form or attach a signed statement indicating the date of the conviction(s), the nature of the conviction(s), and circumstances of the conviction(s).

I declare that I have read and understand the information contained on this statement and that my responses and accompanying attachments are true and correct.

I understand that any misleading statement, misrepresentation and/or omission of information will result in an employment offer being rescinded. I further understand that a final offer of employment is contingent on completion of all employment requirements and procedures; including interview(s), reference checks, verifications, physical examination and fingerprinting.

Print Name (Clearly)	City/County where signed
Signature	Date

YMCA of San Francisco
VOLUNTEER PERSONAL DATA FORM - CONFIDENTIAL

I affirm that the below information is true and accurate.

Last Name:	
First Name:	
Street 1:	
Street 2:	
City:	
State:	
Zip Code:	
Date of Birth	
Home Telephone:	()
Email address:	
Pager/Cell Number:	()

under 30 30 - 54 55 - 64 65 +

Gender: M F

The data you provide will be used solely for research and statistical purposes and will in no way affect any volunteer duty decision

EEO Ethnic Code: (Please check one)	1. White	<input type="checkbox"/>	5. Native Hawaiian	<input type="checkbox"/>
	2. African American	<input type="checkbox"/>	6. Other Pacific Islander	<input type="checkbox"/>
	3. Hispanic or Latino	<input type="checkbox"/>	7. Native American	<input type="checkbox"/>
	4 Asian	<input type="checkbox"/>	8. Two or more Races	<input type="checkbox"/>

Emergency Information:	First Name	Last Name	
	Street Address		
	City	State	Zip Code
	Phone Number:	Home:() - Work:() -	
Relationship to you:			

Physical or Mental Disability:	<input type="checkbox"/>	If yes explain:
Accommodations needed?	<input type="checkbox"/>	If yes explain:
Veteran with Disability:	<input type="checkbox"/>	Service related disability:
Vietnam Era Veteran	<input type="checkbox"/>	Served between 08/05/65 - 05/07/75

The data you provide will be used solely for research and statistical purposes and will in no way affect any volunteer duty decision.

 Volunteer's Signature

 Date



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A6977
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

YMCA of San Francisco
Agency Authorized to Receive Criminal Record Information

06291
Mail Code (five-digit code assigned by DOJ)

50 California St. Suite 650
Street Address or P.O. Box

YMCA HR Dept.
Contact Name (mandatory for all school submissions)

San Francisco CA 94111
City State ZIP Code

(415) 281-6761
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number 120196
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: 76 V
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

In order to work/volunteer at the Marin and Novato YMCA, all applicants over the age 18 must clear the Livescan process.

Steps to take

- Schedule an appointment (Locations and numbers are attached)
- Take a government issued ID to appointment
- Take all three copies of Livescan application forms. Before appointment, please complete applicant information on all three pages of Livescan forms.

After Appointment

Please bring one of the complete Livescan copies with attention to Sue Anderson, HR at Marin YMCA.

Once cleared, Sue Anderson will contact you.

Youth Development Childcare Sites

In order to work at the YMCA of San Francisco Childcare Sites, you must be associated with our administrative license through Community Care Licensing.

Please note that you will need DOJ and FBI Clearance. The administrative number is **213006147**. Please be sure to use the Request for Live Scan Service – Community Care Licensing form (**LIC 9163**).

If you have further questions or concerns, contact your supervisor or Sue Anderson, HR at 415.446.2182.

Livescan Locations

Location	Hours	Rolling Fee	Acceptable Forms of Payment
Marin Co Sheriff's Department 1600 Los Gamos Drive San Rafael, CA 94903 415. 473. 7286	Tues. - Fri: 8am - 3pm Appt Only	\$20.00	Marin YMCA has billing account
Marin Co Sheriff's Department 850 Drake Avenue Marin City, CA 94965 415. 473. 5394	Mon - Thurs: 7am - 5pm Appt Only	\$20.00	Marin YMCA has billing account
The UPS Store 1005 Northgate Dr, San Rafael, CA 94903 415.507.1961	<u>Mon - Thurs:</u> 8:30am -6:30pm Walk ins <u>Sat.</u> 8:30am -4:30pm Walk ins *Mobile Services Available	\$25.00	Cash, Credit Card, and Debit Card
The UPS Store 369 B 3rd Street San Rafael, CA 94901 415.457.6909	<u>Mon - Thurs:</u> 9:30am -6:30pm Walk ins <u>Sat.</u> 10am -6pm Walk ins *Mobile Services Available	\$25.00	Cash, Credit Card, and Debit Card
Mill Valley Police Department 1 Hamilton Drive Mill Valley, CA 94941 415. 389.4100	Mon - Thurs: 8am - 4pm Appt Only	\$20.00	Cash, Credit Card, and Debit Card
AMERIPRINTS Livescan Fingerprint Services 4040 Civic Center Drive San Rafael, CA 94903 707.588.9866	Mon - Thurs: 9am - 5pm Appt Only *Mobile Services Available	\$15-18	Cash, Credit Card, and Debit Card
Bay Area Community Resources 171 Carlos Drive San Rafael, CA 94903 415.599.9136	Mon - Thurs: 9:30am -3:30pm Appt Only *Mobile Services Available	\$25.00	Cash, Credit Card, and Debit Card
Mill Valley Police Department 1 Hamilton Drive Mill Valley, CA 94941 415. 389.4100	Mon - Thurs: 8am - 4pm Appt Only	\$20.00	Cash, Credit Card, and Debit Card