



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

## **Reach and Rise Mentoring**

### **A One-to-One Mentoring Program**

## **FREQUENTLY ASKED QUESTIONS**

### **WHY WAS REACH AND RISE CREATED?**

- This free program was established to serve the needs of young people not being met by existing mental health services.
- To offer over-stressed families a resource to help meet their children's needs.
- To provide youth with positive, growth-inducing relationships with adults through the mentoring process.
- To make a difference in a child's life.

### **WHAT TYPE OF YOUTH DOES THE PROGRAM SERVE?**

- Boys and girls ages 6-18, residing in San Mateo, San Francisco, & Marin Counties.
- Young people experiencing problems such as: low self-esteem, poor academic progress, peer difficulties, family conflict and/or poor decision making.
- Youth from a wide range of ethnic diversity and socio-economic backgrounds.
- Youth encompassing a variety of family backgrounds: intact families, single-parent families, blended families, foster homes and/or grandparent or other relative-headed families.

### **HOW ARE YOUNG PEOPLE REFERRED TO THE PROGRAM?**

- From school district counselors, teachers and principals.
- From community agencies such as: social welfare and counseling agencies.
- From YMCA Programs
- From the YMCA community, friends, family, and/or self-referrals.

All referrals to Reach and Rise go through an application process and an initial telephone and/or face-to-face screening with the Program Coordinator. This process helps determine whether or not each child is appropriate for the program. Those children assessed to have mental health problems not appropriate for our program will be referred elsewhere. The types of issues not likely to be handled by our mentors include: acute depression, homicidal or suicidal behavior, drug/alcohol dependence and violent behavior.

### **WHO ARE REACH AND RISE MENTORS?**

- Volunteers from the local community who wish to make a positive impact on the self-esteem of young people.
- Men and women ages 23+
- Adults from varied cultural, educational and professional backgrounds.
- Mentors are actively recruited within the YMCA membership, community agencies, local corporations and universities.



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### **WHAT IS EXPECTED OF REACH AND RISE MENTORS?**

- Mentors fill out a volunteer application and are screened by the Program Coordinator.
- Mentors commit to spending 1-3 hours once a week with a child for one year.
- Mentors will complete 15+ hours of paraprofessional counseling training before being assigned to a young person (over the course of 4-5 weeks).
- During training, mentors will pass a fingerprint security screening and thorough reference check.
- Mentors must have valid auto liability insurance and driver's license.

### **HOW ARE MENTORS SUPPORTED ONCE THEY'VE COMPLETED THE TRAINING AND HAVE BEEN "MATCHED" WITH A CHILD?**

The Reach and Rise program is committed to on-going training and support for all volunteer mentors, and the Program Coordinator is actively involved in goal-setting and on-going planning with all mentors for their mentees.

Mentors are expected to attend the monthly mentor support group meeting, which is lead by the Program Coordinator. This continuing support is considered vital because it provides structure for the mentors as well as on-going training and development of counseling skills. Individual telephone support is also provided on a regular basis. When needed, the Program Coordinator can serve as a liaison between the mentor and the young person's family to work through any issues that may arise in the mentoring relationship.



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# SHOULD I BECOME A MENTOR?

## THINGS TO CONSIDER

These questions are intended to help you think about whether or not this is the right time to become a Mentor. You need not return your responses to Reach and Rise.

- ✓ Do I genuinely like children?
- ✓ Do I like child-centered or adolescent-type activities?
- ✓ Do I like to learn new things?
- ✓ Am I flexible? Can I tolerate disappointments?
- ✓ Can I be non-judgmental? Or, is there a right or wrong way to do most things?
- ✓ Can I be friends with a child and his/her family who are different from me socially?
- ✓ Am I dependable? Can I be counted on to do what I've said I will do?
- ✓ Do I have friends who meet my own adult social needs? Or am I hoping a child will be a companion for me?
- ✓ Do I have a sense of humor?
- ✓ Is becoming a Mentor something I've given some thought to, discussed with others?



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# Reach and Rise

## Volunteer Job Description

**Objective:** The Reach and Rise program trains adult volunteers to provide mentoring services to young people ages 6-18 for one year. We aim to help youth develop tools to cope with issues such as low self-esteem, family conflicts, problems with peers and school, and to improve their decision-making skills.

### **Time Commitment:**

- 15+ hours of training – Times and dates to be determined
- 1-3 hours each week with child (flexible - scheduled by mentor and child)
- 1½ hour mentor support group each month other mentors (optional)

**Reports To:** Reach and Rise Coordinator

**Principal Activities:** Developing supportive, consistent mentoring relationship with a child through recreational play and paraprofessional therapeutic techniques. Help children explore and cope with social and/or family struggles.

### **Position Requirements:**

- Must be at least 23 years old
- Desire to work with youth and have interest in counseling/mentoring
- No prior felony convictions
- Must submit to fingerprint screening for security purposes (Costs covered by YMCA)
- Proof of auto insurance, recent print-out of driving record, and NO DUIs (if you plan to drive with mentee)
- One-year commitment to meet one time a week for 1-3 hours

### **Training and Support:**

Mentors attend a 15+ hour training over the course of approximately 4-5 weeks on topics such as preparation for the mentoring relationship, communication and listening skills, family systems, and legal and ethical issues. If accepted into the program mentors are then matched with a child. Optional monthly mentor support meetings with your fellow mentors and facilitated by Reach and Rise Coordinators (trained Marriage Family Therapists &/or Social Workers) are also available.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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# Mentor Application

Thank you for your interest in becoming a mentor with the YMCA's Reach and Rise program. It is a very real way to make a difference in a young person's life. This application is designed to provide us with information which will help match you with the most appropriate child. Your answers to this application will be kept confidential. If you have any questions, please call the Reach and Rise Coordinator, Anna Le at (415)748-3551 or email at [ale@ymcasf.org](mailto:ale@ymcasf.org).

**Please mail or fax your completed application to:**

**Anna Le**  
**Fax: (415) 796 - 7359**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F / M

**\*All Mentors will be fingerprinted & will need to provide a copy of their driver's license & current auto insurance for security purposes & safety purposes.**

Do you have any felony convictions?    Yes    No

Have you ever abused or molested a child?    Yes    No

Would you be a positive role model to a child?    Yes    No

If you have a car, can you provide proof of liability car insurance?    Yes    No

Please describe past and current patterns of drug and alcohol use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a Mentor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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What qualities do you have that will help mentor a child? \_\_\_\_\_

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Who was a mentor for you as a child? What about that person helped you? \_\_\_\_\_

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Family History - Please write about your relationships with your parent(s), siblings and significant others, both past and present. Please include how your parent(s) and/or guardian(s) disciplined you.

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What are some of your interests and hobbies (things you would like to do with your mentee)? \_\_\_\_\_

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How do you find fulfillment, maintain your equilibrium, and replenish your energy? \_\_\_\_\_

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Why do you think children act out or get in trouble? \_\_\_\_\_

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Who is your best friend and how would you describe your relationship? \_\_\_\_\_

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Do you have a preference as to the age, gender or ethnicity of the child you will be working with? \_\_\_\_\_

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**Congratulations! You've just finished the first step toward becoming a mentor. Next steps include: attending the Reach and Rise training class, being fingerprinted, driving record clearance and reference checks, participating in a post-training interview and, finally, getting matched with a child. Reach and Rise reserves the right to terminate a volunteer at any time without supplying a reason. We look forward to meeting you.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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## **National Reach and Rise Mentoring Code of Conduct**

*The following policies are intended to assist staff and mentors in making decisions about interactions with youths. For clarification of any guideline or to inquire about behaviors not addressed here, contact your Executive Director or Supervisor.*

Please note that this Reach and Rise Code of Conduct may include certain exceptions to your Association's Code of Conduct or abuse prevention policies. Please note the differences and add them to this portion of the document.

*For example: Nashville YMCA states the following:*

*3.2 Being alone with a single child—At no time should YMCA staff or volunteers be in a situation where they are alone with a single child. The YMCA will make every attempt to design and structure its programs to eliminate the potential for a staff member or volunteer to be in a one-on-one situation.*

*3.7 Special Standards—the following YMCA programs vary from this policy because of unique program design and special standards for supervision have been developed and are detailed in their staff manual.*

- *Group Home*
- *Last Child on the Bus*
- *Mentoring Program*

Reach and Rise provides the highest quality services available to our youths. Our commitment is to create an environment for youths that is safe, nurturing, empowering, and which promotes growth and success for the youths who participate in our program. Any type of abuse will not be tolerated and will result in immediate dismissal from the program. Our program will fully cooperate with authorities if allegations of abuse are made and investigated.

The Code of Conduct outlines specific expectations of staff and mentors as we strive to accomplish our mission together.

1. Youth will be treated with respect at all times.
2. Youth will be treated fairly regardless of race, sex, age, or religion.
3. Staff and mentors will not swear or tell off-color jokes.
4. Staff and mentors are prohibited from babysitting, or having contact with youth outside of the regularly scheduled mentorship meetings and activities.
5. Staff and mentors will not discuss their sexual encounters with or around youth or in anyway involve youth in their personal problems or issues.
6. Staff and mentors will not date or become romantically involved with youth.
7. Staff and mentors will not use or be under the influence of alcohol or illegal drugs in the presence of youth.
8. Staff and mentors will not have sexually oriented materials, including printed or internet pornography, in the presence of youths and will not have inappropriate information on their public profiles.
9. Staff and mentors will not ask youth to keep any secrets.
10. Staff and mentors will dress conservatively in the appropriate clothing and avoid wearing provocative and revealing attire including midriffs, tank tops, halter tops, short shorts, or short skirts.
11. Staff and mentors will not stare at or comment on the youths' bodies
12. Staff and Mentors will not take mentees to their homes or spend time with them in the mentee's home alone (without parent/guardians there).
13. Staff and mentors will adhere to uniform standards of affection as outlined as follows:



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### **Physical Contact**

Our program has implemented a physical contact policy that will promote a positive, nurturing environment while protecting youths and mentors from misunderstandings. The following guidelines are to be carefully followed by all mentors working with youth:

<b><i>Appropriate Physical Interactions</i></b>	<b><i>Inappropriate Physical Interactions</i></b>
Side hugs Shoulder-to-shoulder or "temple" hugs Pats on the shoulder or back Handshakes "High-fives" and hand slapping Verbal praise Touching hands, shoulders, and arms Arms around shoulders Holding hands (with smaller children in escorting situations)	Full frontal hugs Kisses Touching bottom, chest or genital areas Showing affection in isolated areas Touching knees or legs Wrestling Piggyback rides Tickling Allowing a child to cling to a mentor's leg Any type of massage given by or to a youth Any form of affection that is unwanted by youth Compliments that relate to physique or body development

1. Staff and mentors will avoid affection with youth that cannot be observed by others.
2. Staff and mentors will not engage in inappropriate electronic communication with youth.
3. Staff and mentors are encouraged to meet with youth in a public setting that is easily visible to others.
4. Staff and mentors shall not abuse youth in any way including the following:
  - Physical abuse: hitting, spanking, slapping, unnecessary restraints.
  - Verbal abuse: degrade, threaten, cursing.
  - Sexual Abuse: inappropriate touch, exposing oneself, sexually oriented conversations.
  - Mental abuse: shaming, humiliation, cruelty.
  - Neglect: withholding food, water, shelter.
5. Youth are prohibited from engaging in the following:
  - Hazing
  - Bullying
  - Derogatory name-calling.
  - Games of truth or dare.
  - Ridicule or humiliation.
6. Staff and mentors will report concerns or complaints about other staff and mentors, other adults, or youth to their supervisor or coordinator.
7. Staff and mentors who work in the program may not have engaged in or been accused or convicted of child abuse, indecency with a child, or injury to a child.
8. Staff and mentors agree to cooperate fully with any investigation of suspected child abuse and failure to do so may be grounds for termination.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date





# 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

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

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**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

**REQUIRED INFORMATION**

Have you ever been convicted of a crime? (Exclude any marijuana offenses that are over two years old and minor traffic violations for which the fine was \$100.00 or less). YES  NO

If yes, please state the date, location, and circumstances

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NOTE: The existence of a criminal record will not constitute an automatic bar to volunteering.

Are you a registered sex offender?  YES  NO

**Agreement**

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I am not a pedophile or child molester and have not been convicted of either. 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. I have carefully read and understand this application and, by my signature below, consent to the release of consumer or investigative consumer reports (fingerprints) to the YMCA in conjunction with my application for volunteering. I further understand that any and all information contained in my volunteer application or otherwise disclosed to the YMCA by me before, during or after my volunteerism, if any, may be utilized for the purpose of obtaining the consumer reports (reference checking) or investigative consumer reports requested by the YMCA.

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 employees at all times. I also 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:** \_\_\_\_\_

# Notice of Volunteer Action

<b>Volunteer Name: LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	<b>Phone Number &amp; E-mail address</b>
<input type="text"/>			<input type="text"/>

<b>ADDRESS: (CITY, STATE AND ZIP)</b>	<b>EMERGENCY CONTACT/ PHONE #</b>
<input type="text"/>	<input type="text"/>

<b>BRANCH #</b>	<b>VOLUNTEER POSITION</b>	<b>Last 4 digits of S.S. #</b>	<b>EFFECTIVE DATE</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> New <input type="checkbox"/> Returning Volunteer  <input type="checkbox"/> Driver Addition Comments: _____	<input type="checkbox"/> Status Change From: _____ To: _____ Status: _____ Status: _____ Active Date: _____ Inactive Date: _____
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**VOLUNTEERS WHO DON'T WORK WITH OR SUPERVISE CHILDREN**

<b>1</b> Minimum Term Volunteer (One time or Event) <input type="text"/>	<b>2</b> Policy Volunteer Board or Committee (Administration Only) <input type="text"/>	<b>3</b> Short-term Volunteer School <input type="text"/> Community <input type="text"/> Other <input type="text"/> <small>Service</small> Planned Termination: <input type="text"/>
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**VOLUNTEERS WHO MAY WORK DIRECTLY WITH CHILDREN**

<b>4</b> Regular On-going Volunteer Fully Screened <input type="text"/>	<b>5</b> On-going Volunteer Child Safe Certified <input checked="" type="checkbox"/>	<b>6</b> Regular On-going Volunteer Child Safe Certified & Trained Driver <input type="text"/>
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\* I understand that I am a volunteer for a non-profit social service agency and I am donating my time and/or service to the YMCA and realize that I will not receive compensation or benefits in return. I may use the YMCA facilities in and around my volunteer duties at the discretion of the YMCA where I am volunteering. I agree to observe all rules, regulations, policies and procedures as they relate to the YMCA of San Francisco. I am not a pedophile or child molester and have never been convicted of either. I further understand that either the YMCA or I can sever this volunteer relationship at any time with or without notice or cause. The YMCA retains its discretion to make all decisions regarding my volunteer status.

Volunteer's Signature	Date	Branch Executive	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor's Name and Signature	Date	A.S.D./Volunteer Coordinator	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Parent's signature needed if under 18 years old: \_\_\_\_\_

HR's Initials	<input type="text"/>	File Number	<input type="text"/>	Entered	<input type="text"/>
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**YMCA of San Francisco**  
**VOLUNTEER PERSONAL DATA FORM - CONFIDENTIAL**

I affirm that the below information is true and accurate.

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Street 1:</b>	
<b>Street 2:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Date of Birth</b>	

<b>Home Telephone:</b>	(     )
<b>Email address:</b>	
<b>Pager/Cell Number:</b>	(     )

<input type="checkbox"/> <b>under 30</b>	<input type="checkbox"/> <b>30-45</b>	<input type="checkbox"/> <b>55-64</b>	<input type="checkbox"/> <b>65+</b>
<b>Gender:</b>	<input type="checkbox"/> <b>M</b>	<input type="checkbox"/> <b>F</b>	

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

<b>EEO Ethnic Code:</b>    <b>(Please check one)</b>	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"/>

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

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

The data you provide will be used solely for research and statistical purposes and will in no way affect any employment decisions.

<b>Volunteer's signature</b>	<b>Date</b>
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# 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.

Print Name: \_\_\_\_\_

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 volunteering, the YMCA of San Francisco requires that you be fingerprinted and complete this affidavit.

2. Copies of this form are to be maintained in the Association Office personnel file and at the branch.

### Have you ever been convicted of a Crime?

*Have you been convicted of a crime? (Exclude any marijuana offenses that are over two years old and minor traffic violations for which the fine was \$50.00 or less before April 4, 1994 or \$100.00 or less after April 5, 1994.)*

YES

NO

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

Are you a registered sex offender?

YES

NO

I declare under the penalty of perjury that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

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

# YMCA of San Francisco

## Consent Form - Volunteer

### NOTICE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

The YMCA of San Francisco may request consumer reports or investigative consumer reports in connection with your volunteer application, or during the course of your volunteering with the YMCA of San Francisco, or for other volunteer related purposes.

The types of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and volunteerism records and histories. If applying for a position where you may supervise, discipline, or care for minors, this information may include criminal and arrest records, and you may be required to submit fingerprints in a manner required by the YMCA of San Francisco. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for volunteering, promotion, reassignment or retention.

#### CONSENT STATEMENT

I have carefully read and understand this notice and consent form and confirm that all such information is true and correct. By my signature below, I consent to the release of consumer or investigative consumer reports, as defined above, to the YMCA of San Francisco (1) in conjunction with my application for volunteering, and (2) during the course of my volunteering, if any. I further understand that this consent will apply during the course of my volunteering with the YMCA of San Francisco, should I obtain such volunteer status. I understand and agree that this consent will remain in effect indefinitely. I further understand that any and all information contained in my volunteer application or otherwise disclosed to the YMCA of San Francisco by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA of San Francisco. I understand and acknowledge that nothing in this Notice and Consent is to be, or is, an offer of volunteering or a promise of continued volunteering. If asked by the YMCA of San Francisco to volunteer, my volunteerism will not be for a specified period of time and can be terminated at any time, for any reason, with or without cause or notice, by me or the YMCA of San Francisco.

By checking this box and returning the original of this letter to the Vice President of Human Resources, I request a copy of any "consumer (credit-related) report" obtained by the YMCA of San Francisco from any consumer reporting agency, at no extra charge, and understand that a copy of the report will be provided to me by the consumer reporting agency at the same time the report is provided to the YMCA of San Francisco.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 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 a 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.

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Volunteer Name

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Branch

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Volunteer and Date



## REQUEST FOR LIVE SCAN SERVICE

### 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  
50 California St. Suite 650  
Street Address or P.O. Box  
San Francisco CA 94111  
City State ZIP Code

06291  
Mail Code (five-digit code assigned by DOJ)  
YMCA HR. Dept.  
Contact Name (mandatory for all school submissions)  
(415) 281-6701  
Contact Telephone Number

#### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number Bill00013 (Agency Billing Number)  
Misc. Number Non-Identix 120196 (Other Identification Number)  
City State ZIP Code

Your Number: 25V  
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  
Street Address or P.O. Box  
City State ZIP Code

Mail Code (five digit code assigned by DOJ)  
Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator  
Transmitting Agency LSID

Date  
ATI Number Amount Collected/Billed

## Live Scan Locations for YMCA Reach and Rise Mentors

Before going to the live scan location, you need to make an appointment. (Afternoon and evening appointments are available.) You need to complete the Live Scan application (included in this packet) that includes the ORI number at the top, which is already on the form. Please only mark the DOJ box unless your coordinator has asked you check both the DOJ and FBI box (e.g. you moved to California less than 2 years ago from another state or country, etc.). The Reach and Rise Program will cover the expense for fingerprinting if you go to a location with "Billing Accounts" and are able to bill the cost to the YMCA. Please clarify with the location that they have a billing account with the YMCA before you make an appointment. However, if you would like to cover the expense yourself and go to another location that does not accept a Billing Account as payment, you are welcome to. The cost is between \$18-24 for DOJ. **The following locations should have Billing Accounts.**

For additional locations or information visit: <http://ag.ca.gov/fingerprints/publications/contact.php>

<b>ALAMEDA COUNTY</b>		
Location	Hours	Phone
<b>BERKELEY - FZ1</b> A1 Photo Lab 1629 University Avenue Berkeley, CA 94710	<u>Mon - Fri:</u> 9:30AM-6:00PM <b>Walk-ins</b> <u>Saturday:</u> 10:00AM-5:00PM <b>Walk-ins</b>	(510) 841-1233
<b>BERKELEY - TK2</b> Berkeley Live Scan	<u>Mon - Fri:</u> 10:00AM-4:00PM <b>Appt. only</b>	(510) 524-4574
<b>BERKELEY - S97</b> Cal Live Scan 2855 Telegraph Avenue, Suite 303 Berkeley, CA 94705	<u>Mon - Fri:</u> 9:30AM-6:00PM <b>Walk-ins</b> <u>Saturday:</u> 11:00AM-4:00PM <b>Walk-ins</b>	(510) 316-7828
<b>BERKELEY - JV3</b> REDTOMATOES P3Digitix Live Scan 2107 Dwight Way, Suite 107 B Berkeley, CA 94704	<u>Mon - Fri:</u> 10:00AM-5:00PM <b>Appt. only</b>	(510) 705-8545 or (510) 847-4828
<b>BERKELEY - AI2</b> The UPS Store #6089 2512 Telegraph Avenue Berkeley, CA 94704	<u>Mon - Fri:</u> 10:00AM-6:00PM <b>Walk-ins</b>	(510) 843-0993

<b>MARIN COUNTY</b>		
Location	Hours	Phone
<b>NOVATO - MF1</b> The UPS Store # 2464 936 B 7th Street Novato, CA 94945		(415) 899-1686
<b>NOVATO - YT2</b> TruScan Fingerprint Services 7665 Redwood Blvd, Suite 200 Novato, CA 94945	<u>Mon - Fri:</u> 8:00AM-5:00PM <b>Appt. only</b>	(415) 878-2900
<b>SAN RAFAEL - UZ2</b> AMERIPRINTS Live Scan Fingerprint Services 4040 Civic Center Drive San Rafael, CA 94903	<u>Mon - Fri:</u> 9:00AM-5:00PM <b>Appt. only</b>	(707) 588-9866
<b>SAN RAFAEL - G55</b> * Marin Co. Sheriff's Dept. 3501 Civic Center Drive, Rm. 145 San Rafael, CA 94903	<u>Monday-Thursday:</u> 7:30AM-4:30PM <b>Appt. only</b>	(415) 473-7286

## SAN FRANCISCO COUNTY

Location	Hours	Phone
<b>SAN FRANCISCO - T18 , CU2</b> A Foto Video Mail & More 3041 Mission Street San Francisco, CA 94110	<u>Sunday:</u> 12:00PM-4:00PM <b>Walk-ins</b> <u>Mon - Fri:</u> 9:00PM-7:00PM <b>Walk-ins</b> <u>Saturday:</u> 11:00AM-5:00PM <b>Walk-ins</b>	(415) 695-9999
<b>SAN FRANCISCO - RX1</b> A5 Pack and Mail 237 Kearny (at Sutter) Street San Francisco, CA 94108	<u>Mon - Fri:</u> 8:00AM-5:00PM <b>Walk-ins</b>	(415) 593-0330
<b>SAN FRANCISCO - FA3</b> BTS Global 6254 Geary Blvd San Francisco, CA 94121		(415) 668-1121
<b>SAN FRANCISCO - CC3</b> Certifix dbw TV International 5438 Geary Blvd San Francisco, CA 94121	<u>Mon - Sat:</u> 10:00AM-3:00PM <b>Walk-ins</b>	1 (415) 750-1330 1 (800) 710-1934, Ext 1
<b>SAN FRANCISCO - S17</b> Expert Fingerprint Services 870 Market Street San Francisco, CA 94102	<u>Mon - Fri:</u> 10:30AM-6:00PM <b>Walk-ins &amp; Appt.</b> <u>Friday:</u> 10:30AM-2:30PM <b>Walk-ins &amp; Appt.</b>	(415) 986-4022
<b>SAN FRANCISCO - FF1 / NX1</b> Fingerprinting, LLC dba ID Solutions 1500 Noriega Street, Suite 100 San Francisco, CA 94122		(415) 661-3665
<b>SAN FRANCISCO - 986</b> L-1 ID Solutions Enrollment Services Division 445 Church Street, 1st Floor San Francisco, CA 94114		(800) 315-4507
<b>SAN FRANCISCO - H34 / K20</b> LEETONE Foto Center 615 Sansome Street San Francisco, CA 94111	<u>Mon - Fri:</u> 7:00AM-5:00PM <b>Walk-ins</b> <u>Saturday:</u> 11:00AM-2:30PM <b>Walk-ins</b>	(415) 391-9890
<b>SAN FRANCISCO - CR2</b> SF Mailboxes Corp dba The UPS Store #0546 182 Street Howard San Francisco, CA 94105	<u>Mon - Fri:</u> 9:30AM-5:00PM <b>Walk-ins</b>	(415) 495-6963
<b>SAN FRANCISCO - V53</b> The UPS Store # 4546 2370 Market Street San Francisco, CA 94114		(415) 431-0121
<b>SAN FRANCISCO - U93</b> The UPS Store #0178 3145 Geary Blvd San Francisco, CA 94118	<u>Mon - Fri:</u> 8:45AM-6:15PM <b>Walk-ins</b> <u>Saturday:</u> 9:15AM-5:15PM <b>Walk-ins</b>	(415) 751-6644
<b>SAN FRANCISCO - W72</b> The UPS Store #5037 1728 Ocean Avenue San Francisco, CA 94112	<u>Mon - Fri:</u> 9:10AM-6:45PM <b>Walk-ins</b> <u>Saturday:</u> 10:10AM-5:45PM <b>Walk-ins</b>	(415) 337-7755

## SAN MATEO COUNTY

Location	Hours	Phone
<b>DALY CITY - HF2</b> The Loss Prevention Group 86A- 88th Street Daly City, CA 94015	<u>Mon - Fri:</u> 9:00AM-5:00PM <b>Walk-ins &amp; Appt.</b> 1:00PM-1:30PM <b>Lunch</b>	(650) 731-4201
<b>DALY CITY - S10</b> The UPS Store #0966 & Live Scan Center 235 Westlake Center Daly City, CA 94015		(650) 991-4444
<b>FOSTER CITY - BM3</b> The UPS Store #0244 969-G Edgewater Blvd Foster City, CA 94404	<u>Mon - Fri:</u> 8:30AM-6:30PM <b>Walk-ins</b> <u>Saturday:</u> 9:00AM-5:00PM <b>Walk-ins</b>	(650) 572-9100
<b>REDWOOD CITY - HH2</b> Pack and Mail Express 1017 El Camino Real ., Sequoia Station Redwood City, CA 94063		(650) 365-2892
<b>SAN BRUNO - YC1</b> I.A.R. Instant Auto Registration 1710 El Camino Real ., Suite D San Bruno, CA 94066	<u>Mon - Fri:</u> 9:30AM-6:00PM <b>Walk-ins</b> 6:00PM-12:00AM <b>Appt. only</b> <u>Saturday:</u> 11:00AM-3:00PM <b>Walk-ins</b> <u>Sunday:</u> <b>Appt. only</b>	(650) 588-8935 Order
<b>SAN BRUNO - 964</b> L-1 ID Solutions Enrollment Services Division 851 Traeger Avenue, Suite 360 San Bruno, CA 94066		(800) 315-4507 (Appointment Scheduling)
<b>SAN MATEO - EU4</b> All In One Live Scan 1777 Borel Place, Suite 311 San Mateo, CA 94402	<u>Mon - Sat:</u> 7:00AM-9:00PM <b>Walk-ins &amp; Appt.</b> <u>Sunday:</u> <b>Appt. only</b>	(650) 642-4273

## SANTA CLARA COUNTY

Location	Hours	Phone
<b>CAMPBELL - CK2</b> Verify Group, Inc. 161 Curtner Avenue, Bldg 2 Campbell, CA 95008	<u>Monday :</u> 9:00AM-5:00AM <b>Appt. only</b> <u>Tuesday - Friday:</u> 9:00AM-5:00PM <b>Walk-ins &amp; Appt.</b> <u>Saturday:</u> <b>Appt. only</b>	(408) 761-2156 or (408) 879-0478
<b>CUPERTINO - CH2</b> * Accurate Fingerprinting and Notary Services 19620 Stevens Creek Blvd, Suite #280 Cupertino, CA 95014	<u>Mon - Fri:</u> 11:00AM-5:00PM <b>Walk-ins</b> <u>Saturday &amp; Sunday:</u> 12:00PM-5:00PM <b>Appt. only</b>	(408) 655-1590
<b>LOS ALTOS HILLS - B69</b> * Foothill-DeAnza College District PD 12345 El Monte Road, Upper Campus Bldg 2100 Los Altos Hills, CA 94022	<u>Mon - Fri:</u> 4:00PM-10:00PM <b>Walk-ins</b> <u>Saturday:</u> 9:00AM-1:00PM <b>Walk-ins</b>	(650) 949-7925
<b>LOS GATOS - JD3</b> Cody S & Associates, Inc.	<u>Mon - Fri:</u> 5:00AM-9:00PM <b>Appt. only</b> <u>Saturday &amp; Sunday:</u> 5:00AM-9:00PM <b>Appt. only</b>	1 (800) 488-7186
<b>MOUNTAIN VIEW - NU2</b> MAILBOX Store Notary N' Live Scan 903 E. El Camino Real ., Suite 6	<u>Mon - Fri:</u> 9:30AM-6:00PM <b>Walk-ins &amp; Appt.</b> <u>Saturday:</u>	(650) 968-0505; (408) 373-2311

Mountain View, CA 94040	<u>10:00AM-2:00PM Walk-ins &amp; Appt.</u>	
<b>SAN JOSE - TX1</b> K N Business Service Inc. DBA E-Z Mail 3315 San Felipe Road San Jose, CA 95135	<u>Mon - Fri:</u> <u>9:00AM-7:00PM Walk-ins</u> <u>Saturday:</u> <u>10:00AM-4:00PM Walk-ins</u>	(408) 270-3965
<b>SAN JOSE - X75</b> Mail Station 467 Saratoga Avenue, (Lion Plaza) San Jose, CA 95129	<u>Mon - Fri:</u> <u>9:30AM-6:00PM Walk-ins</u> <u>Saturday:</u> <u>10:30AM-2:30PM Walk-ins</u>	(408) 247-8775
<b>SAN JOSE - XM2</b> The UPS Store 2059 Camden Avenue San Jose, CA 95124	<u>Mon - Fri:</u> <u>8:30AM-6:30PM Walk-ins</u> <u>Saturday:</u> <u>9:00AM-5:00PM Walk-ins</u>	(408) 559-3700
<b>SAN JOSE - ZX2</b> The UPS Store #1762 1702-L Meridian Avenue San Jose, CA 95125	<u>Sunday:</u> <u>10:00AM-2:00PM Appt. only</u> <u>Mon - Fri:</u> <u>8:30AM-6:30PM Walk-ins</u> <u>Saturday:</u> <u>9:00AM-5:00PM Walk-ins</u>	(408) 265-5005
<b>SANTA CLARA - ZY2</b> A Fingerprinting Service 671 Aldo Avenue, Suite 6 Santa Clara, CA 95054	<u>Mon - Fri:</u> <u>10:00AM-5:00PM Appt. only</u> <u>Saturday &amp; Sunday:</u> <u>10:00AM-5:00PM Appt. only</u>	(408) 781-6172
<b>SANTA CLARA - AM2</b> The UPS Store # 2762 5255 Stevens Creek Blvd Santa Clara, CA 95051	<u>Mon - Fri:</u> <u>9:00AM-6:00PM Walk-ins</u> <u>Saturday:</u> <u>10:00AM-4:00PM Walk-ins</u>	(408) 243-1855
<b>SANTA CLARA - W69</b> The UPS Store # 4636 2784 Homestead Road Santa Clara, CA 95051	<u>Sunday:</u> <u>11:00AM-5:00PM Walk-ins</u> <u>Mon - Fri:</u> <u>9:00AM-6:45PM Walk-ins</u> <u>Saturday:</u> <u>10:00AM-5:00PM Walk-ins</u>	(408) 247-4010
<b>SUNNYVALE - S90</b> KR Services LLC 1208 E. Arques Avenue, Suite 101	<u>Mon - Fri:</u> <u>9:00AM-7:00PM Walk-ins</u> <u>Saturday:</u> <u>10:00AM-5:00PM Walk-ins</u>	Sunnyvale, CA 94085 (408) 739-4400