



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA Volunteer Application Form

Thank you for your interest in the Marshfield Clinic Health System YMCA Volunteer Program. Your talents and commitment to our cause are what makes the YMCA a great place to be.

### PERSONAL DATA

Name: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Are you 18 years or older? YES NO

Are you a YMCA member? YES NO

Have you volunteered for the YMCA before? YES NO

If yes, date and program last volunteered for \_\_\_\_\_

Have you ever been convicted of or pled guilty to any criminal offense? YES NO

If yes, please attach a full description.

If this service is to fulfill a school requirement, will you receive school credit for your services? YES NO

If yes, number of hours needed \_\_\_\_\_ Deadline to complete hours \_\_\_\_\_

Name of school \_\_\_\_\_

Name of teacher \_\_\_\_\_

Marshfield Clinic Health System YMCA

410 W. McMillan St., Marshfield, WI 54449

P: 715.387.4900 E: info@mfldymca.org W: mfldymca.org



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## **CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY**

The Marshfield Clinic Health System YMCA's mission is: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

The Y is a cause-driven organization that is for Youth Development, Healthy Living, and Social Responsibility. As a volunteer, I will cooperate in the fulfillment of this mission.

**BACKGROUND CERTIFICATION:** I clarify that all of the information I have provided is true and complete. I authorize the YMCA to investigate and verify any and all of the information I have submitted. Because the Y strives to provide a safe, caring environment, I have been advised that as part of the application process for volunteering for the Y, an extensive inquiry could be made concerning my prior employment, activities, character, and health. I fully consent to and authorize all such inquiries. I have provided the following information for the sole purpose of obtaining a conviction only criminal history file search. I understand that the YMCA does not condone child abusers and that the YMCA will be seeking information in my background related to child abuse.

I am not a child molester, abuser, or pedophile; and have not been accused of being a molester or abuser. I understand that the YMCA does not condone child abusers and that the Y will be seeking information in my background related to child abuse.

Initial \_\_\_\_\_

**VOLUNTEER TERMS:** I agree to abide by the YMCA's policies, procedures, and Code of Ethics and Policies. I understand the Y does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand and agree that if I am volunteering, there is no contract period and my volunteer service will be solely "employment at will", giving either me or the YMCA the right to terminate my volunteer service at any time without liability or obligation. I further understand that the Marshfield Clinic Health System YMCA does not provide volunteer compensation for any requested volunteer services which I provide, or trade volunteer services for membership or program fees.



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**ABUSE PREVENTION:** I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that if selected as a YMCA volunteer, at all possible times I am to avoid being alone with a single child where I cannot be observed by other staff or adults.

**PROPERTY LOSS:** I understand the YMCA is not responsible for my personal property lost, damaged, or stolen while participating in Y volunteer activities.

**MEDICAL TREATMENT:** I give permission for YMCA representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that the YMCA is not responsible for payment for such medical treatment.

**PHOTOGRAPHY PERMISSION:** I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

**RELEASE FROM LIABILITY:** I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, and employees from all liabilities based on any damage, loss, or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily signed this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18)

### RETURNING APPLICATION

Mail or return completed application to the following location:

**Marshfield Clinic Health System YMCA**

Volunteer Programs

410 W. McMillan St.

Marshfield, WI 54449

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## **Volunteer Code of Ethics and Policies**

1. Smoking or use of tobacco products in the YMCA programs or on YMCA property is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs WILL NOT BE TOLERATED!
3. Any form of abuse of children WILL NOT BE TOLERATED including:
  - Physical Abuse – strike, spank, shake, or slap
  - Verbal Abuse- humiliate, degrade, or threaten
  - Sexual Abuse – including inappropriate touching and exposure
  - Mental Abuse (Self Esteem) - comparison or criticism
4. Volunteers must treat everyone of all races, religions, and cultures with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers shall refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
9. Monetary and expensive gifts to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect others.
11. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a (YMCA) child other than their own.
12. Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity.