



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

Volunteer

When you volunteer at the Y, you take an active role in bringing about meaningful and enduring change in our community. Each of our volunteers deliver the benefits of good health, strong connections, greater self-confidence, and a sense of security to all who seek it.

Volunteers are needed for a variety of roles including: childcare, special events, advisory boards, greeter, special-interest committees, clerical work, fundraising, swim instruction assistant, maintenance, custodial, youth sports coach, referees and Y Guy.

At the Family Y, our highest priority is the safety and security of our members and program participants. Therefore, we require our paid staff and volunteers to undergo a background check. The following convictions will disqualify an individual from serving at the Family Y: any misdemeanor conviction within the last five years (other than a traffic violation), a felony conviction, or any violent, sexual or drug-related convictions ever.

Once you have completed the necessary forms, please submit them along with a photo ID at any Family Y location or by fax to 706-723-1773. The forms can also be filled out electronically on our website at www.thefamilyy.org. Should you choose to submit the forms via our website, please fax a copy of your ID to 706-723-1773 or scan and email to dalberson@thefamilyy.org

Below are the guidelines for getting started as a Family YMCA of Greater Augusta Volunteer:

Ages 18 and older:

- Must complete and sign the volunteer application, Code of Conduct and Waiver of Liability.
- Must complete and sign the authorization to release information form which gives the Y permission to run a background check.
- Must provide a copy of a photo ID, preferably a driver's license.
- Must complete an online child abuse prevention training course, pass a drug test and, for certain volunteer placement, be fingerprinted. The Family Y will conduct a drug test and fingerprinting once the background check has cleared.
- Allow 5–10 business days for the background check to be completed.

Ages 16–17:

- Must complete and sign the volunteer application, Code of Conduct, Waiver of Liability and pass a drug test.
- Background checks are NOT required for anyone under the age of 18. Certain volunteer roles are available only for those who are 18 years of age and older.
- Must complete an online child abuse prevention training course.

Ages 15 and under:

- Must complete and sign the volunteer application, Code of Conduct and Waiver of Liability.
- Must have a parent or guardian volunteer with them. The parent or guardian must follow the steps listed under the guidelines for volunteers ages 18 and older.
- Are encouraged to work special events.
- Must complete an online child abuse prevention training course.

If you have any questions, please contact Donna Alberson, Youth Development Resource Mgr., at dalberson@thefamilyy.org or 706 922 9612.

FAMILY YMCA OF GREATER AUGUSTA
www.thefamilyy.org

The Family Y is an equal opportunity provider and employer.



VOLUNTEER APPLICATION

FAMILY YMCA OF GREATER AUGUSTA

I am volunteering for: branch volunteer (volunteer for a **specific branch** of the Family Y)
 program volunteer (a **seasonal commitment** of time and talent to a program area like youth sports)
 community service volunteer (an individual **ordered by the justice system to complete service hours**)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day () Evening ()

E-mail address: _____

Emergency contact: _____ Phone: _____

Birthday: ____/____/____ (If under age 16, must volunteer with a parent or guardian. Parent or guardian must fill out a volunteer application.)

At which Y location are you interested in serving? *(Circle more than one)*

Aiken County Family YMCA
Trolley Line Rd, Graniteville, SC

Family YMCA Child Development Center
Walton Way, Augusta, GA

North Jefferson Family YMCA
GA HWY 1, Wrens, GA

Augusta South Family YMCA
Tobacco Road, Augusta, GA

Downtown Augusta Family YMCA
Broad Street, Augusta, GA

Steiner Branch Family YMCA
Partnership Drive, Grovetown, GA

Barnwell County Family YMCA
660 Joey Zorn Blvd, Barnwell, SC

Marshall Family YMCA
Town Park Lane, Evans, GA

Thomson Family YMCA
Hill Street, Thomson, GA

Family YMCA's Camp Lakeside
Dogwood Drive, Lincolnton, GA

North Augusta Family YMCA
W. Martintown Rd, North Augusta, SC

Wilson Family YMCA
Wheeler Road, Augusta, GA

Are you a Family YMCA member? (membership not required to volunteer) YES NO

If 18 or older, have you completed the Authorization to Release Form? YES NO

Have you signed the Super Waiver and Code of Conduct? YES NO

If 18 or older, have you included a copy of your driver's license or photo ID? YES NO

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

If yes, give circumstances: _____

The Family Y does not grant insurance or carry medical insurance for participants; therefore, all participants in our programs are at their own risk. The YMCA attempts to conduct all programs in the safest possible manner; however, accidents sometimes occur. We urge all participants to investigate their own medical insurance to assure that they have adequate coverage. I/we agree that the YMCA shall not be responsible for any personal injuries or property losses sustained by me/us while on any YMCA premises, or as a result of any YMCA-sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

Name: _____ Date: _____

FOR OFFICE USE ONLY

Received: ____/____/____ Processed: ____/____/____ Contacted: ____/____/____ Approved: ____/____/____



AUTHORIZATION TO RELEASE FORM

FAMILY YMCA OF GREATER AUGUSTA

FIRST NAME

MIDDLE NAME

LAST NAME

CURRENT ADDRESS

NUMBER OF YEARS

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence

Date of Birth

Other Names Used (Including Maiden)

Years Used

Gender

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER

STATE OF ISSUE

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc. to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contracted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do__ do not __ authorize you to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/ Reference Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date



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CHILD ABUSE PREVENTION TRAINING

The Family Y requires all employees and volunteers to complete an online child abuse prevention training prior to beginning work or service. This training is free and takes about 15-30 minutes to complete. At the end of the training, please print the certificate of completion as it must be submitted with the volunteer application.

If you don't have access to a computer or printer, one is available for your use in the volunteer office at the FAMILY Y OF DOWNTOWN AUGUSTA, located at 945 Broad Street.

Mandated Reporters: Critical Links in Protecting Children in Georgia

<https://www.prosolutionstraining.com/store/product/?tProductVersion id=1093>

To access the online course, please click on the above link and follow the directions below:

1. Enter Quantity as 1, then **CLICK Order Now**
2. Once you are directed to the next web page, **CLICK Purchase Now** (There is no fee.)
3. If you do not already have a ProSolutions Training account, you will need to **CREATE A TRAINING ACCOUNT** as indicated on the web page. If you already have a ProSolutions training account, please log in using your account information.
4. Once you have created a training account or logged in, you will be directed to the web page that will allow you to access the online mandated reporting course.

FAMILY YMCA OF GREATER AUGUSTA

706 922 YMCA

www.thefamilyy.org



FAMILY YMCA OF GREATER AUGUSTA

MEMBER and PARTICIPANT RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the Family YMCA of Greater Augusta for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Family Y of Greater Augusta, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Family Y of Greater Augusta for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FAMILY Y OF GREATER AUGUSTA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE FAMILY Y OF GREATER AUGUSTA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Family Y of Greater Augusta and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Family Y of Greater Augusta
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Family Y of Greater Augusta premises or in any way observing or using any facilities or equipment of the Family Y of Greater Augusta or participating in any program affiliated with the Family Y of Greater Augusta whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in about or upon the premises of the Family Y of Greater Augusta and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Family Y of Greater Augusta

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Signature of Applicant: _____

Print Name: _____

Address: _____

Additional Adult on Membership: _____

Print Name: _____

Signature: _____



CODE OF CONDUCT

Volunteer represents the mission of the Family Y at all times and is expected to adhere to the Code of Conduct. Violations of the Code of Conduct will result in disciplinary action up to and including termination.

- Personal cell phones should be turned off while at work and are banned completely from locker rooms & childcare areas.
- Volunteers should not use the name of the Family Y without permission of Y staff.
- Vulgar language is prohibited.
- Service hours will not be compensated with membership benefits.
- Volunteer does not have access to Family Y facilities without a personal membership.
- Volunteer is not to be alone with children and is never to be alone with one child.
- Using, possessing, or being under the influence of alcohol or illegal drugs during hours of operation is not allowed.
- Smoking is prohibited in the Family Y's facilities and on its properties.
- Volunteer must appear clean, neat and appropriately attired for mobility.
- Volunteers can wear a nice, casual t-shirt or collared shirt and loose fitting pants.
- Appropriate footwear will be worn with closed toe shoes on the fitness floor.
- Tank tops, sleeveless muscle shirts, and low necklines are prohibited.
- Pants should fall at the knee or longer and must cover the entire behind.
- Hats are allowed outdoors but not indoors. No sunglasses are to be worn indoors.
- Clothing cannot have holes or shredding.
- Clothing with vulgar language, sexually suggestive language or graphics, drug references, and racial slurs are prohibited.
- Fraternalizing (socializing or associating) with program participants, staff and members under 18 is forbidden.
- The Family Y does not support monetary or other gifts being given to volunteers.
- Volunteer must refrain from intimate display of affection toward others in the presence of children, parents, members and staff.
- Volunteer is to report any accident or concern to a supervisor immediately.

I have read and understand the code of conduct and will comply with all policies set forth by the Family YMCA of Greater Augusta and other policies established from time to time by the organization:

Print Name: _____

Signature: _____

Date: _____



MEMORANDUM FOR ALL FAMILY Y EMPLOYEES and VOLUNTEERS

SUBJECT: Confidentiality

1. Information about the Family Y of Greater Augusta patrons, children, colleagues and incidents is confidential/sensitive information. At no time will I repeat any incident or information outside of the program/center where I work.
2. I understand that it is improper to discuss any matter in front of children or patrons. If I disagree with a policy or another employee's action, I will discuss that matter in private with that employee, then my supervisor and/or Human Resources.
3. I understand that any concerns, issues, or problems that I have about my place of employment should not be addressed in areas easily accessible by the public. Any concerns, issues and/or problems that I may have should be discussed with my immediate supervisor, a member of the Leadership Team, or a member of the Human Resource Department. Attempts to resolve these issues will be addressed at the lowest level before being elevated.

I have read and fully understand my responsibilities pertaining to this memorandum on Confidentiality. I will implement the guidelines immediately. If it is found that I have disclosed any company proprietary information or any private information pertaining to, but not limited to, children, members, or patrons, disciplinary action up to and including termination will ensure.

Print Name: _____

Signature: _____ Date: _____