



# NEW VOLUNTEER APPLICATION YMCA CAMP MANITOU-LIN

A branch of the YMCA of Greater Grand Rapids

Toll-free: 1-888-909-2267

Fax: 1-269-795-1629

[www.grymca.org/camp](http://www.grymca.org/camp)

## VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

How did you learn about volunteer opportunities with KBC? \_\_\_\_\_

Why would you like to volunteer?

What other organizations and/or events have you volunteered for, if any?

What days of the week and times are you available to volunteer?

## REFERENCES

NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## VOLUNTEER ETHICAL BEHAVIOR STANDARDS

The right of sustaining human dignity is the primary goal of each program at Kids Burn Camp. In that regard, safeguards have been established by the YMCA of Greater Grand Rapids to insure that clients will not be subjected to physical, emotional, sexual or verbal abuse or harassment.

### You will not:

1. Participate in sexual activity with any minor program participant/member whether consensual or non-consensual
2. Strike or otherwise physically restrain or restrict the movement of program participants/members unless essential for their safety and protection. You will notify your supervisor in the latter case.
3. Release any confidential information without a signed permission form.
4. Provide participants with any form of drugs, legal or illegal
5. Misrepresent your credentials and provide services that you are not qualified or authorized to provide.
6. Care for children other than family who participate in YMCA programs or class activities outside of approved YMCA activities (i.e. babysitting, weekend trips, etc. are not approved).
7. Be alone with a single child in an isolated situation where you cannot be observed by other staff and children. The only exception to this would be medical emergencies, in which case a staff person must be notified.

Violations of the above will result in immediate suspension. Should the allegations be substantiated, disciplinary procedures will include, but not be restricted to, removal from the program and/or termination of membership privileges.

I have read the Ethical Behavior Standards policies and agree to follow them while representing the agency as a volunteer or intern.

I recognize that the YMCA will contact legal authorities should my behavior be illegal.

_____	_____	_____
Name (please print)	Signature	Date

## VOLUNTEER HARASSMENT POLICY

It is the policy of the YMCA of Greater Grand Rapids to expressly forbid any forms of harassment of volunteers. The term "harassment" includes, but is not limited to" slurs, jokes and other verbal, graphic or physical conduct that relates to an individual's race, color, sex, religion, national origin, citizenship, age or handicap.

Harassment also includes sexual advances, requests for sexual favors, unwelcome or offensive touching or other verbal, graphic or physical conduct of a sexual nature. Violation of this policy is considered a major offense.

Volunteers who feel that they are being harassed in any way by another volunteer, member or vendor should inform their immediate supervisor or branch executive. It is the employee's responsibility to bring such concerns to their immediate supervisor or CEO. Any concerns will be handled immediately and kept confidential.

_____	_____	_____
Name (please print)	Signature	Date
_____	_____	_____
Witnessed by (please print)	Signature	Date

## EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the named person above.

_____	_____
Signature of (Self/Parent/Guardian) circle appropriate title	Date

**GENERAL LIABILITY**

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of me or my child’s physical condition or resulting from me or my child’s participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

**PHOTO RELEASE**

We love taking pictures of our guest enjoying their time at Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids and their partners permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you’d prefer your photo not be used, please let us know in writing prior to your camp experience.

Name of Participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of (Self/Parent/Guardian) circle appropriate title

\_\_\_\_\_  
Date

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**REGIONAL BURN CENTERS OF MICHIGAN CAMP PROGRAMS  
BACKGROUND CHECK RELEASE FORM**

I understand that in consideration of my application, a background investigation will be conducted. I authorize and release all, personal references and any other organizations to answer all questions asked concerning my ability, character, educational background and criminal history.

I understand that this information is confidential and will not be used for any other purpose.

**Please fill in completely:**

Please Print: \_\_\_\_\_  
Last First Middle

Print other names you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have lived at the above address **LESS THAN ONE YEAR**, please list previous address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Check Gender:  Male  Female

\_\_\_\_\_  
Signature of Authorization

\_\_\_\_\_  
Date

**REFERENCE FORM**

Please copy, give to three (3) references and have them return according to instructions:

Reference for: \_\_\_\_\_

\_\_\_\_\_ Your Name \_\_\_\_\_ Your Title

May we contact you for further comments?  Yes  No  
 If yes, please provide an e-mail address: \_\_\_\_\_

Kids Burn Camp seeks young women and men who live responsibly, enthusiastically, with integrity and with a giving, affirming spirit. Kids Burn Camp Staff are asked to exemplify the values and ethics of the YMCA as a life-style; caring, honesty, respect, responsibility, and inclusion. Counselors come to us with a wide range of experience and knowledge. Many of the program staff have extensive camp counselor experience and no knowledge of burns. Burn Center personnel know a lot about burns, but are not necessarily familiar with the YMCA Camping philosophy or working in a camp setting. This unique blend of experience and expertise is what creates the well-rounded care and attention that campers at Kids Burn Camp receive.

Therefore, your thoughtful consideration is requested as you complete this form. If you have any doubts, please specify them and let us measure their relative importance.

	POOR	FAIR	GOOD	OUT STANDING
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative/Imaginative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughtful of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates to Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to guidance or criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of self-worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to rules and safety standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share comments on the ratings above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE FORM, Page 2**

Camp counselors work 6 days a week, 24 hours a day. Please comment on this applicant's emotional and physical stamina.

How long and in what capacity have you known the applicant?	
Would you wish this candidate to be your son's / daughter's camp counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
Do you consider this applicant a leader? Why or why not?	
Please describe the applicant's relation to children:	
Please describe the applicants experience working with individuals with special needs:	
Areas of weaknesses or for further growth:	
Are there any reasons why this candidate should not be considered for a position?	
Is there anything else we should know about this applicant?	

To give this applicant full consideration, a prompt reply is needed by May 1, 2012. Please return to:

**YMCA CAMP MANITOU-LIN**

c/o Karin Denman  
1095 N. Briggs Road  
Middleville MI 49333

fax: 269-795-1629  
toll-free: 888-909-2267  
e-mail: [kdenman@gymca.org](mailto:kdenman@gymca.org)