



# Volunteer Application 2009

## Volunteer Information

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Home Address: \_\_\_\_\_  
Number Street City Zip Code State

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

E-mail address: \_\_\_\_\_

## Emergency Contact Information

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

Home Address: \_\_\_\_\_  
Number Street City Zip Code State

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

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 \_\_\_\_\_ Date \_\_\_\_\_

Self/Parent/Guardian (circle appropriate title)

**GENERAL LIABILITY RELEASE**

**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 my or my child's physical condition or resulting from my 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: Please check the appropriate box:**

- I grant my permission to the YMCA of Greater Grand Rapids & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings, or other media that may include an image or voice of me or my child at camp for purposes of promoting or interpreting YMCA programs.
- I do not grant my** permission to the YMCA of Greater Grand Rapids & Affiliates to use without limitation or obligation, photographs, film footage, tape recordings, or other media that may include an image or voice of me or my child at camp for purposes of promoting or interpreting YMCA programs.

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**Regional Burn Centers of Michigan Camp Programs**

**BACKGROUND CHECK**  
**RELEASE AUTHORIZATION**

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:

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

Print Other Names you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street City Zip Code State

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

Previous Address: \_\_\_\_\_  
Number Street City Zip Code State

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Check Gender: Male  Female

Signature of Authorization: \_\_\_\_\_ Dated: \_\_\_\_\_



**Reference Form**

\*\*\*Please copy, give to 3 references and have return according to instructions.

Applicant Name

---

Your Name

---

Your Position or Title (if applicable)

---

May I contact you for further comments? \_\_\_\_\_

If yes, please provide a phone number and e-mail:

---

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. 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.

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

**Additional strengths not previously mentioned:**

**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?    Yes    No**  
**Please explain:**

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

**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, 2009**. 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  
Kdenman@gymca.org