



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION PACKET



Check List (please complete the following before returning)

1. Program Volunteer Application
 - ☐ Fill in all information and list interests
 - ☐ Provide a copy of photo ID or driver's license
 - ☐ Read and sign back page (or parent/guardian sign)
2. Volunteer Reference Forms (return with packet)
 - ☐ Reference 1 (non-family member)
 - ☐ Reference 2 (family member ok)
3. Confidentiality & Electronic User Agreement
 - ☐ Read and sign
4. Abuse Prevention Rules
 - ☐ Read, sign where indicated and turn in final page of Rules with application
 - ☐ Keep all four pages of Rules for your reference

Court-Ordered Service: We accept some applications for court-ordered community service if you have not been charged with or have any past crimes involving weapons, violence, molestation, domestic violence, or threats to another person. Court-ordered volunteer placement is up to the discretion of the Branch Executive.

Application and Interview: Prospective volunteers must complete the attached application packet. You will be contacted by telephone or email for an interview. Please note: Our application process takes at least two weeks, and incomplete applications will take longer to process.

Interest Survey: To help narrow down your interests or if you are not sure what you would like to do, please take a moment to complete the survey below.

Why are you interested in volunteering with the YMCA of Greater Seattle?		
Is there a specific YMCA branch, site, or geographical area that you would like to volunteer in?		
What program area(s) are you interested in working in? <i>Please note: Not all programs are available at all branches.</i> ____ Aquatics / Health & Fitness ____ Kids & Family Activities ____ Clerical/Administration ____ Coaching/Officiating ____ Guest Speaker ____ Member Services ____ Policy (Boards, Committees) ____ Teen Leadership & Development ____ Other:	Other interest areas: ____ Arts ____ Community Concerns ____ Education ____ Environment ____ Global / International ____ Issues ____ Health & Wellness ____ Togetherhood Project ____ Other:	What age group(s) would you like to work with? ____ Elementary School & Younger ____ Middle School ____ High School ____ Young Adults ____ Adults / Older Adults ____ I prefer to work with staff only
Do you have specific skills you would like to share or improve on?		
Do you have any interests you would like to explore?		
Do you have previous volunteering experience? Please describe, including organization names:		
When are you able to volunteer (days, times)?		
How often would you like to volunteer (Ex. Once a month, twice per week, one-time events, etc.)?		



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PROGRAM VOLUNTEER APPLICATION

PERSONAL INFORMATION—Please print clearly			
Legal First Name:		MI:	Legal Last Name:
Address:		Apt.:	City/State: Zip:
Home Phone:	Alternate Phone:	Email:	I prefer to be contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Emergency Contact Name:		Relationship:	
Phone Number: <i>(Please list someone OUTSIDE your home. In the event of an emergency, we will automatically contact your home first, then this emergency contact.)</i>			
I am a YMCA Member: <input type="checkbox"/> Yes, my branch is _____ <input type="checkbox"/> No I would like information about becoming a YMCA member: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application.</i>		My Birth Date (MM/DD/YEAR): _____ <i>Birth date required. For the safety of our participants, staff, and volunteers, YMCA may run a limited criminal history check.</i>	
Have you ever been arrested, charged, or convicted of a crime in the last 10 years? <i>(Only arrests/charges/convictions which the YMCA believes are reasonably related to the volunteer duties will be considered. Some convictions over 10 years old may also be considered depending on circumstances)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES: Are the charges still pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Have the charges been dismissed? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the charges result in conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain any "Yes" answers, including crime(s), year(s), location(s), and circumstances; attach additional page(s) of necessary. STAFF NOTE: Information shared here must be reviewed by Executive or their delegate, and authorized in "YMCA STAFF USE ONLY" section			

VOLUNTEER ENGAGEMENT	
Volunteer Position I Am Applying For: _____	
How I Heard About Y Volunteering: <input type="checkbox"/> Court System <input type="checkbox"/> Invited by The YMCA <input type="checkbox"/> Job/Internship Fair <input type="checkbox"/> Newspaper <input type="checkbox"/> YMCA Member <input type="checkbox"/> Volunteer Match <input type="checkbox"/> United Way <input type="checkbox"/> School <input type="checkbox"/> YMCA Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____	

REQUIRED COMMUNITY SERVICE	
Number of Hours Needed: _____ Deadline to Complete Hours: _____	
Is this a school requirement/for school credit? If yes, name of school: _____	
Is this a court requirement? If yes, offense: _____	
Parole/Probation Officer or Court Contact Name: _____ Phone: _____	
STAFF NOTE: Information shared here must be reviewed by Executive or their delegate, and authorized in "YMCA STAFF USE ONLY" section on reverse	



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RELATED BACKGROUND

I have previously volunteered for and/or been employed by other YMCAs:

☐ Yes (please tell us about it below) ☐ No

YMCA:

City/State:

Dates Worked:

Dates Volunteered:

1.

1.

1.

1.

2.

2.

2.

2.

Certifications I Hold (Include date of expiration):

REFERENCES

*For the safety of our participants, staff, and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers, or school counselors. One of the two references may be a relative/household member. **On the 2 attached reference forms, please complete your name and volunteer position information, and give to 2 personal references. Then return the forms to the YMCA.***

CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

The YMCA of Greater Seattle's mission is: Building a community where individuals, especially the young, are encouraged to develop their full potential in spirit, mind, and body. As a volunteer, I will cooperate in the fulfillment of this mission.

- **Background Certification:** I certify that all of the information provided on this application is true and complete. I authorize The YMCA of Greater Seattle ("YMCA") to investigate and verify any and all of the information I have submitted. Because The YMCA strives to provide a safe environment for children and youth, I understand that the YMCA may order a criminal history check, and I authorize this investigation.
- **Volunteer Terms:** I agree to abide by the YMCA's policies, procedures, and Code of Conduct. I understand the YMCA 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 that The YMCA of Greater Seattle does not provide volunteer compensation or trade volunteer services for membership or program fees.
- **Property Loss:** I understand the YMCA is not responsible for my personal property lost, damaged, or stolen while participating in YMCA volunteer activities.
- **Medical Treatment:** I give permission for the 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.
- **Photograph Permission:** I give permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include my image, words 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 liability 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.

Volunteer Applicant Signature

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT OR GUARDIAN—If applicant is under 18			
Legal First Name:	MI:	Legal Last Name:	
I am a YMCA Member: <input type="checkbox"/> Yes, my branch is _____ <input type="checkbox"/> No I would like information about becoming a YMCA member: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you cannot afford the full cost of a membership, please ask for a confidential Financial Assistance application.</i>			
Address (if different from youth applicant):	Apt.:	City/State:	Zip:
Phone Number:		Email:	

YMCA STAFF USE ONLY			
Volunteer Identification	<input type="checkbox"/> Washington State ID or License <input type="checkbox"/> Other: _____ Name on ID: _____ Date of Birth (DOB) on ID: _____ Name and DOB on ID is the same as volunteer wrote on application. <input type="checkbox"/> Yes <input type="checkbox"/> No Verified By: _____		
Criminal Background Authorization	I have reviewed any disclosed criminal information on this application and authorize this application to move forward in the screening process <i>(To be signed by Branch/Camp Executive or AO Department Head, or their Delegate)</i> . Name: _____ Signature: _____ Date: _____		
Branch Information Branch/Site: _____ Program Director/Supervisor: _____ Program Placement(s): _____ Approximate Start Date: _____ Intake Process Completed (Date): _____ Google Docs & ActiveNet Entry Completed (Date): _____ <i>Must be completed before sending packet to HR</i>	Additional Paperwork/ Training Checklist <i>All paperwork must be sent to HR within 3 days of volunteer start date</i>	Mandatory for All: <input type="checkbox"/> References (minimum of 2) <input type="checkbox"/> Safety Orientation (in-branch volunteers only) <input type="checkbox"/> Confidentiality and Electronic User agreement <input type="checkbox"/> Abuse Prevention Rules Abuse Prevention Training To Be Completed By: _____ (Date) <input type="checkbox"/> Armatus <input type="checkbox"/> Live Training <input type="checkbox"/> Waived (only level 1 & 2 volunteers may waive; see Volunteer Screening Matrix) Mandatory for DEL/DSHS Licensed Position Only: <input type="checkbox"/> DEL/DSHS Form (licensed programs only)* <input type="checkbox"/> Need file copy for site <i>*If applicant has lived out of state in last 3 years, the YMCA will be contacted by DEL with instructions for completing fingerprints for additional background check.</i>	

"REHIRE" OF VOLUNTEERS: Volunteers termed less than 6 months do not require fresh paperwork; volunteers termed between 6 and 12 months require only the background check.



VOLUNTEER REFERENCE FORM

Prospective Volunteers: Please give a copy of this form to each of your references, and have them return it to the address listed on the last page. Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references. One of your two references may be a relative or household member.

Prospective Volunteer's Full Name:

Desired Volunteer Position:

Does This Position Work with Children / Vulnerable Adults: ☐ Yes ☐ No

Attention Reference: The above person has applied to volunteer with The YMCA of Greater Seattle. Please answer the following questions to the best of your knowledge based on your interactions with the applicant. **Please respond to all questions.**

1. **How long and in what capacity have you known the person named above?** _____

2. **In your judgment, how would you describe his/her character and attitude?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

3. **How would you rate his/her reliability?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

4. **How would you describe his / her ability to work with and relate to children?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

5. **How would you describe his / her ability to work with and relate to adults?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

6. **How would you rate his/her judgement in usual circumstances?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

7. How would you rate his/her judgement in stressful circumstances?

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

8. What would you consider to be his/her strengths? _____

9. What are his/her areas for development and improvement? _____

If the potential volunteer will be working with children or vulnerable adults, please complete the following three (3) questions.

10. To your knowledge, please tell us about this person's role with children (i.e. school volunteer, coach, youth group leader, etc.) _____

11. If you have seen him/her discipline a child, describe what you saw: _____

12. Are you aware of any reason why we should not allow this person to work with children? If yes, please explain: _____

Name of Reference:		Date:
Home Phone:	Work Phone:	Email:
Company/Organization Name:		Position:
(If faxed or mailed) Your Signature:		
<i>Note: The YMCA of Greater Seattle does a telephone reference to follow up for potential volunteers. The follow-up call will take approximately five (5) minutes.</i>		How can we best reach you? Days: Times: Phone Number:

Please return this form within one week directly to:

YMCA Staff Name:	Branch / Address:
Email Address:	

Thank you for your time and energy filling out this reference form!
For information on volunteering at The YMCA of Greater Seattle, see www.seattleyymca.org

To be completed by YMCA staff: was telephone follow-up completed with this individual?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date, Time and by Whom: _____	



VOLUNTEER REFERENCE FORM

Prospective Volunteers: Please give a copy of this form to each of your references, and have them return it to the address listed on the last page. Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references. One of your two references may be a relative or household member.

Prospective Volunteer's Full Name:

Desired Volunteer Position:

Does This Position Work with Children / Vulnerable Adults: ☐ Yes ☐ No

Attention Reference: The above person has applied to volunteer with The YMCA of Greater Seattle. Please answer the following questions to the best of your knowledge based on your interactions with the applicant. **Please respond to all questions.**

1. **How long and in what capacity have you known the person named above?** _____

2. **In your judgment, how would you describe his/her character and attitude?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

3. **How would you rate his/her reliability?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

4. **How would you describe his / her ability to work with and relate to children?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

5. **How would you describe his / her ability to work with and relate to adults?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

6. **How would you rate his/her judgement in usual circumstances?**

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

7. How would you rate his/her judgement in stressful circumstances?

___ Outstanding ___ Good ___ Adequate ___ Below Average ___ Poor

Comments: _____

8. What would you consider to be his/her strengths? _____

9. What are his/her areas for development and improvement? _____

If the potential volunteer will be working with children or vulnerable adults, please complete the following three (3) questions.

10. To your knowledge, please tell us about this person's role with children (i.e. school volunteer, coach, youth group leader, etc.) _____

11. If you have seen him/her discipline a child, describe what you saw: _____

12. Are you aware of any reason why we should not allow this person to work with children? If yes, please explain: _____

Name of Reference:		Date:
Home Phone:	Work Phone:	Email:
Company/Organization Name:		Position:
(If faxed or mailed) Your Signature:		
<i>Note: The YMCA of Greater Seattle does a telephone reference to follow up for potential volunteers. The follow-up call will take approximately five (5) minutes.</i>		How can we best reach you? Days: Times: Phone Number:

Please return this form within one week directly to:

YMCA Staff Name:	Branch / Address:
Email Address:	

Thank you for your time and energy filling out this reference form!
For information on volunteering at The YMCA of Greater Seattle, see www.seattleyymca.org

To be completed by YMCA staff: was telephone follow-up completed with this individual?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date, Time and by Whom: _____	



CONFIDENTIALITY AND ELECTRONIC USER AGREEMENT FOR VOLUNTEERS

The YMCA of Greater Seattle values your role as a volunteer in our organization! It is important that you understand the YMCA and its volunteers will respect the privacy of information about its employees, clients, participants, donors, and other volunteers. The YMCA safeguards all confidential information consistent with federal or state rules and regulations and YMCA policies and procedures.

We require that you not share proprietary information with others outside the YMCA. Protected and proprietary information is data in any form or media and includes, but is not limited to, records, electronic data, postal mail, and email. It includes biographical, financial, contact, donation, employment, health and education information, constituent databases, and any other files that are restricted for use, access, copying, or distribution.

Permission for access to confidential information and the use of the YMCA's computer system is at the discretion of the Branch Executive or designated representative. Prior to receiving a network user ID and password, each volunteer must read and thoroughly understand this agreement. They must also indicate their understanding by signing below.

All users of the YMCA's computer system are required to adhere to the following:

- 1. Compliance with Policies and Procedures:** Volunteers will abide by all YMCA policies and procedures, including but not limited to those set forth or referenced in the YMCA Volunteer Handbook.
- 2. Confidentiality:** Information in the YMCA's system is highly confidential. Volunteers are not permitted to share any information outside of the YMCA, whether or not the information is public or anonymous. By signing this agreement you also agree that you will not destroy or alter confidential information except as properly authorized within the scope of your duties.
- 3. Measures to Maintain Confidentiality:** Volunteers will agree that they will not remove or transmit any YMCA records, data, or files from the premises of the YMCA without proper authorization. Volunteers will also agree to safeguard and maintain confidentiality with respect to all passwords and user IDs and will not use any other volunteer's username and password.
- 4. Reporting Unauthorized Access or Use:** Volunteers agree to report any suspected or known unauthorized access to, or use or disclosure of, confidential information to their supervisor or Branch Executive.
- 5. Return of Documents & Information:** Volunteers agree to promptly return any and all equipment, documents and other information in their possession or control upon termination. Volunteers will also return all keys and equipment.

I have read, understand, and hereby agree to the above guidelines.

Volunteer Printed Name: _____ Volunteer Signature: _____
Date: _____

Branch Executive or Designated Representative Signature: _____

ABUSE PREVENTION RULES 5/02/2017

We take the safety of children, youth and vulnerable adults seriously. The Y is about youth development: kids and young adults must be safe to grow, thrive and reach their potential in a nurturing environment. The mistreatment or neglect of members, participants and everyone in our care and the resulting severe effects are of primary concern.

Unacceptable and acceptable behaviors and actions related to abuse prevention and boundaries with children, youth and vulnerable adults served: the following chart is intended to give clarity to unacceptable interaction between staff (employee or volunteer) and children, youth and vulnerable adults and the consequences for those actions. The lists are illustrative and not all-inclusive; other behaviors may be identified. Refer to appropriate exceptions for certain programs, age groups and situations.

NOT ALLOWED: Behaviors that, when substantiated and the employee knew or should have known the rule, represent gross misconduct and employment will be terminated with the likelihood of rehire eligibility prohibited, even if it is the first offense. <i>See age or program exceptions under Appropriate.*</i>		
TOUCHING: <ol style="list-style-type: none"> 1. Sexual abuse, molestation 2. Physical abuse, punishment, discipline (eg. use of physical force, striking, whether used for behavior management or not) 3. Physical inappropriate interaction (eg. touching breast or genital area*, wrestling, twisting nipples, massages*, caressing*, sitting on lap*, patting on bottom*, kissing) OTHER ACTIONS: <ol style="list-style-type: none"> 4. Bigotry (eg. making derogatory comments, including making fun of the individual/individual's family, national origin, religion, sexuality, ethnicity, disabilities, sexual orientation, gender; threatening bodily harm to the individual or individual's family/friends.) 5. Bullying, taunting; intimidation of physical force 6. Using inappropriate consequences for behavior (eg. closing child in closet, cabinet; restraining child inappropriately such as tying their hands with string; taping or covering their mouth) 7. Telling or asking a child not to tell an adult or parent of words or actions of staff, volunteers. 	<ol style="list-style-type: none"> 8. Founded violation from DEL, CPS or law enforcement agency relating to the safety of children or youth. 9. Failure to fully cooperate with an investigation by the YMCA, law enforcement agency or other authorized outside agency. 10. Sexual exploitation (eg. sharing or taking nude pictures). 11. Accessing, displaying or possessing pornography on Y property or equipment. 12. Being nude in front of youth under your care or direction.* 13. Illegal activity on work time. 14. Undisclosed past criminal history (as required by our disclosure requirements). 15. Using, selling or providing alcohol, marijuana or illegal drugs to participants or in programs. Selling or providing over-the-counter drugs to children and vulnerable participants, except by documented parental authorization. 16. Sex buying on work time and sex trafficking. PROCEDURES: <ol style="list-style-type: none"> 17. Supervisory staff instructing employee in mandatory reporting situation not to make a report. 	<ol style="list-style-type: none"> 18. Unauthorized off-hour contact, including babysitting, movies, foster care, giving rides, weekend trips, dating. 19. Unauthorized social networking with youth, and with young adult social services participants; including texting, Friending, mobile phone use, private or secret messages, intimidating messaging, or posting pictures of Y participants on social media site. 20. Leaving a child behind which leaves a child unsupervised (eg. transitions, transportation). 21. Releasing a child to unauthorized person in programs with controlled pick-up procedures. 22. Leaving other staff person over established ratio by leaving the program when scheduled to be there. 23. Unauthorized time alone; being alone with a single participant where you cannot be observed by other staff or adults.* 24. Taking a child to the bathroom or locker room by self, outside the view of others or without open door 25. Transporting program participant in personal vehicle without clearance from Risk Management 26. Dating a program participant under age 18 (some programs have additional restrictions)
GENERALLY NOT ALLOWED: These behaviors could result in corrective action up to and including termination of employment. Examples of specific exceptions are included, and program exceptions are marked with an asterisk (*) and can be found in the Appropriate section.		
TOUCHING: <ol style="list-style-type: none"> 1. Frontal hugs*, bear hugs (child initiated hug and release acceptable), unwanted touch. 2. Applying sunscreen (ok with younger children to ensure coverage) 3. Holding hands* - intent is to eliminate special, <i>singular</i> relationships (ok for groups, games, preschool and younger children, a child at each hand while escorting) 	<ol style="list-style-type: none"> 4. Lifting*, carrying*, piggy-back or arm-chair rides (exceptions could be for challenge course activities, group games, moving an injured child) 5. Patting on head (demeaning in some cultures) 6. Restraint of a child (eg. strapping child into a chair. Unless: child is in immediate danger to self or others, to avoid harm to a child, physically redirecting child to safety) 7. Rough with children for behavior management (eg. yanking arm, grabbing shoulder, squeezing, pushing child into position) 	<ol style="list-style-type: none"> 8. Roughhousing (aggressive physical contact, often for fun, child not in control of body, tickling, swinging children by ankles or wrists) OTHER ACTIONS: <ol style="list-style-type: none"> 9. Verbal abuse (eg. sarcasm, harsh words, cursing, name-calling, rejecting or stating you do not like a youth, yelling in an aggressive or threatening manner, belittling)

GENERALLY NOT ALLOWED: ...continued

10. Neglect – failure to provide for basic needs of children (including failure to ensure children shower, apply sunscreen, have clean diaper. Failure to ensure child is adequately fed, hydrated, and clothed. Denying snack as behavior consequence. Providing inappropriate first aid or medical care. Feeding infant other than as instructed by parent/caregiver.)
11. Staff clustering or standing together instead of spreading out for best supervision (ok briefly for communication on playground)
12. Personal gifts to children or their parents (includes any gift, note, craft, food or beverage intended to give a child and/or parent special attention not given to others)
13. Losing a child, child left activity, unaware child not supervised, unaware of an extra child (depends on child's age, duration, when/where child found, how occurred)

14. Failure to supervise child according to program or individual guidelines (depends on program structure, ages, duration, circumstances)
15. Crossing boundaries of appropriate/inappropriate emotional and behavioral interaction with youth (including telling stories of personal sexual relationships, illegal activity, siding with participant as opposed to supporting staff with rules, having secrets, off-color jokes)
16. Singling a child out for favored attention or giving the appearance of grooming.
17. Illegal activity outside program hours or off site.
18. Bringing or carrying a weapon into the program (approved *secured* mace, archery, army/utility knife, Y-rifle shooting are okay)
19. Being in possession of or being under influence of alcohol or drugs on site and/or in program. (OK: hosted events)

PROCEDURES:

20. In mandatory reporting programs, failing to report suspicion of abuse or neglect internally and to CPS.
21. Unattended child in program area (may vary by program, age and duration).
22. Violating reporting procedures or failing to report rule-breaking to supervisor or Puzzle Master.
23. Supervisory staff instructing employee *not* to report a situation to the Puzzle Master, risk manager or HR.
24. Not interacting with children while supervising, (exceptions could be naps, playground supervision).
25. Being out of ratio without prior advising and approval of supervisor.
26. Failure to follow supervision protocol for high risk areas and times (bathrooms, locker rooms; changing clothes and transitions)
27. Unintentional overdosing, giving wrong medication, or forgetting a dose of prescribed medication.
28. Unintentional serving food with nuts or other allergens to a child with known allergies.

APPROPRIATE: Generally to be encouraged. However, even appropriate touch can be inappropriate when lingering or excessive, done for staff's personal pleasure, or when the intention is to give preferential treatment.

TOUCHING:

1. Side hugs
2. "A" Frame hugs
3. Shaking hands
4. High fives
5. Hand signs and greetings
6. Touching upper back, shoulder, arms, hands, legs at knees and below.
7. Fixing hair (i.e. put clip back in, put hair in ponytail or braid to remove from face; *group* activity ok, but NOT ok for selected special attention or prolonged time with any one person)

APPROPRIATE, ALLOWABLE EXCEPTIONS FOR PROGRAMS AND AGE GROUPS

EXCEPTIONS for INFANTS, TODDLERS & YOUNG PRESCHOOLERS:

1. Patting on bottom (infants)
2. Holding hands
3. Sitting on lap
4. Sitting close, arm around body
5. Frontal hugs
6. Lifting & carrying
7. Back rubs and/or Caressing
8. Cleaning diaper area
9. Helping young child at toilet

EXCEPTIONS or SWIM INSTRUCTORS & AQUATIC STAFF:

1. Lifting and carrying; Sitting close, holding close
2. Arm around body and/or Holding hands
3. Being nude and dressing within sight of participants may be unavoidable; (distancing these activities by allowing time between class leaving and employee entering locker room will help.)

EXCEPTIONS for CHALLENGE COURSE LEADERS:

1. Touching general private areas necessary to ensure appropriate fit of harnesses; (verbally describing the safety checks while doing them is helpful).

EXCEPTIONS for FITNESS INSTRUCTORS:

1. Touching body areas to identify areas for focus.

EXCEPTIONS for ONE-ON-ONE PROGRAMS:

1. Transporting program participant in personal car if an authorized driver for one-on-one programs.
2. One-on-one non-physical interaction ok for staff with specified clearance in young adult programs, family mental health programs, *authorized* mentoring programs and contracted programs for one-on-one services.

EXCEPTIONS for DEVELOPMENTALLY DELAYED YOUTH & ADULTS:

1. Appropriate touch and boundary guidelines determined on a case by case basis.

REPORTING and CONSEQUENCES

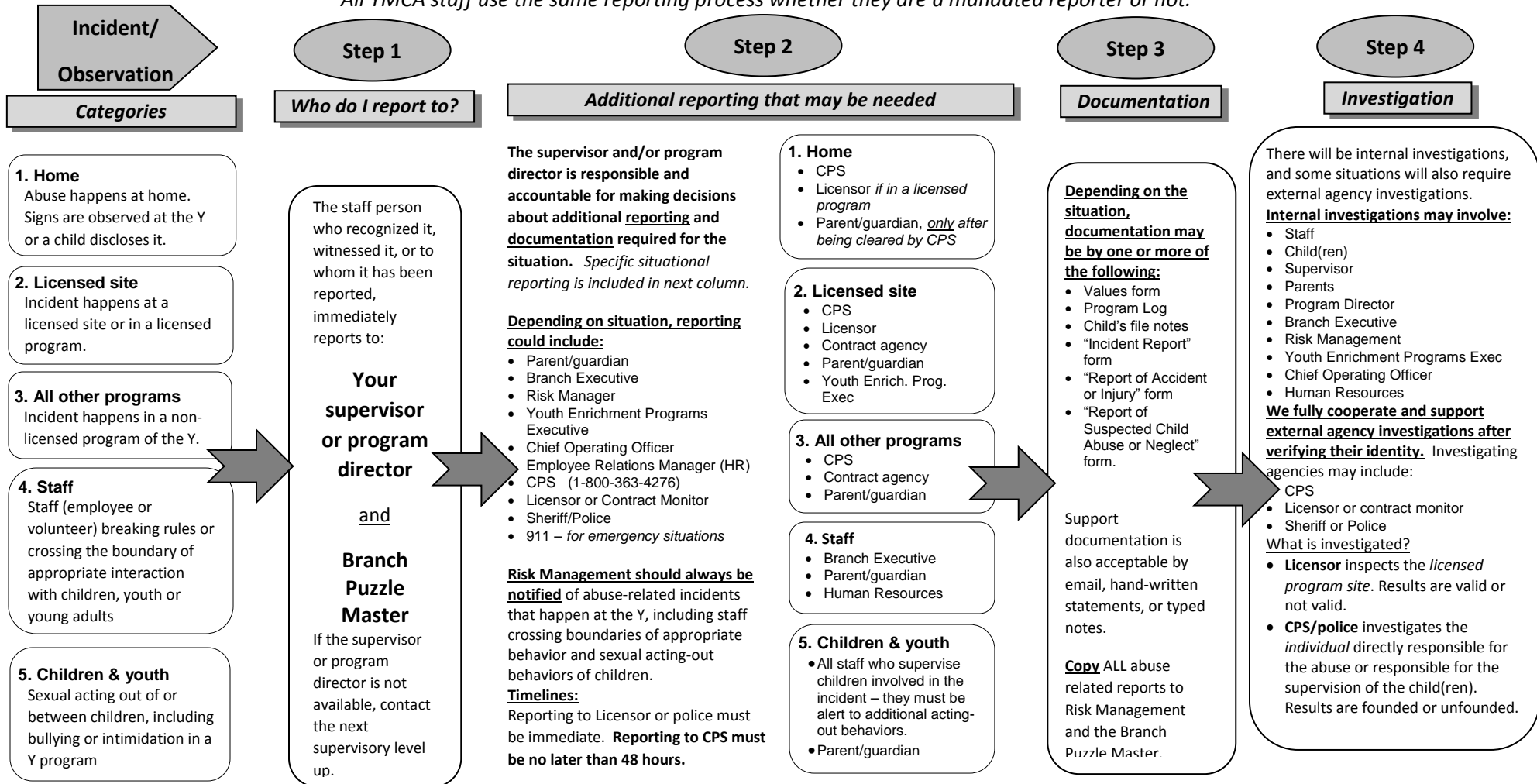
1. **Report** observations, knowledge of rule-breaking or an incident to your supervisor and the Branch Puzzle Master. Refer to Abuse Prevention Reporting Procedures on page 3 for further information.

2. **Consequences** may include all forms of corrective action up to and including termination. Self-reporting is encouraged and may impact consequences.
3. All efforts will be made to help **supervisors** support their staff successfully. However, supervisors may also have consequences similar to those of their employees when it can be shown they have not provided adequate support to ensure procedures and abuse prevention rules are followed.

Abuse Prevention Rules 5/02/2017

Abuse Prevention Reporting Procedures

All YMCA staff use the same reporting process whether they are a mandated reporter or not.



Footnotes

What is reportable abuse?

- Physical abuse
- Sexual abuse
- Sexual exploitation
- Negligent treatment or maltreatment
- Abandonment

Further descriptions are included on SharePoint.

Staff breaking rules and children acting out

may not qualify as an abuse incident. However, it is critical to report these incidents to the Puzzle Master and to the supervisor.

The Puzzle Master provides a safety net to ensure that next steps are taken, and watches for trends in behaviors that may be identified as sexual interaction by or between children or grooming by employees, volunteers or members.

Who is a mandated reporter?

- Professional school personnel, nurses, doctors, social services counselors, licensed child care providers or their employees, placement specialists and living skills program staff.
- Also, any supervisor who has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he/she regularly exercises supervisory authority, including employees, volunteers and independent contractors.

All Y staff use the same reporting process described above, whether they are a mandated reporter or not.

CPS call:

The person who recognized, witnessed, or to whom an incident of abuse has been disclosed ensures that a report is made to CPS. This person will preferably sit with a supervisor while making the call.

The decision to call CPS depends on whether it is reportable abuse. For example, breaking YMCA rules is not reportable. Although CPS is not the investigating agency outside of licensed programs, they know when to refer to police for investigation and will do that for us.

Abuse situations can occur: 1) at home or away from the Y; signs are observed at the Y or a child makes a disclosure; 2) at licensed sites or in contracted programs; and 3) in all other Y programs. **At the Y:** 1) staff (employee or volunteer) can break rules or cross boundaries of appropriate interaction with children, youth or young adults; or 2) children & youth can sexually act out by themselves or with other children, including bullying or intimidation.

Educating participants: Participants may be informed in a manner that is age appropriate of their right to set their own “touching” limits for personal safety, and they will be encouraged to tell an adult if someone is abusing them.

Reporting and Documenting Abuse or Neglect and Other Unacceptable Behaviors

7. **I am aware that I am a mandated reporter** if I am a teacher or professional school personnel, nurse, doctor or professional social services counselor, or I work in a licensed child care program or I am a placement specialist or living skills program staff, OR I have regular supervisory authority over any employee, volunteer or contractor whom I believe has caused a child to suffer abuse or neglect; **and I understand I am required by law to report known or suspected instances where a child, youth or vulnerable adult (or developmentally disabled person) has been abused or neglected, and not doing so is considered a gross misdemeanor.**
8. **I understand the YMCA expects me to follow the same abuse reporting procedures whether I am a mandated reporter or not.**
9. **At the first reasonable cause to believe that *abuse or neglect* exists, it should be reported to my supervisor or program director and the designated branch representative (Puzzle Master)** so that proper reporting can be initiated. If the supervisor or program director is not available, I understand I should contact the next supervisory level up. Inability to consult with a supervisor or program director should not delay a call to authorities.
10. **Information regarding abuse or potential abuse or neglect should be documented in writing;** a report to CPS should be documented on the form, “Report of Suspected Child Abuse or Neglect.”
11. **At the first reasonable cause to believe that *an employee or volunteer* has crossed the boundaries of acceptable YMCA interactions or has abused a participant,** even if it was not during working hours, his or her conduct should be reported to my supervisor or program director and the Puzzle Master or branch executive. Appropriate actions will be taken regarding the employee or volunteer, including suspension or termination from YMCA employment or volunteer status, and the YMCA’s protocol for making a report to the appropriate authorities will be followed.
12. **Confidentiality of information related to abuse is crucial** and should be limited to the immediate supervisor and/or branch executive and designated member(s) of the Association office staff. However, inappropriate and sexualized behaviors initiated by participants towards others in YMCA programs will be shared with the Puzzle Master and other staff who work with the participant.

Confirmation of Understanding

I have read the YMCA’s “Abuse Prevention Rules” and “Abuse Prevention Reporting Procedures.” I agree to abide by the program rules and boundaries for staff relationships with children, youth, and vulnerable young adults as stated. I also understand that the branch Puzzle Master plays a crucial role in determining if grooming and rule breaking is occurring. I will report all rule breaking to my branch Puzzle Master. I will also report all sexualized behavior of youth to the Puzzle Master to help prevent peer-to-peer abuse.

I UNDERSTAND VIOLATIONS OF THE YMCA “ABUSE PREVENTION RULES” MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL (SEPARATION OF EMPLOYMENT). I ACKNOWLEDGE I AM AWARE OF MY RESPONSIBILITIES AND I HAVE RECEIVED A COPY OF THE ABUSE PREVENTION RULES.

Branch _____ Print Name RULES FOR VOLUNTEER TO KEEP Signature _____ Date _____

Abuse situations can occur: 1) at home or away from the Y; signs are observed at the Y or a child makes a disclosure; 2) at licensed sites or in contracted programs; and 3) in all other Y programs. **At the Y:** 1) staff (employee or volunteer) can break rules or cross boundaries of appropriate interaction with children, youth or young adults; or 2) children & youth can sexually act out by themselves or with other children, including bullying or intimidation.

Educating participants: Participants may be informed in a manner that is age appropriate of their right to set their own “touching” limits for personal safety, and they will be encouraged to tell an adult if someone is abusing them.

Reporting and Documenting Abuse or Neglect and Other Unacceptable Behaviors

7. **I am aware that I am a mandated reporter** if I am a teacher or professional school personnel, nurse, doctor or professional social services counselor, or I work in a licensed child care program or I am a placement specialist or living skills program staff, OR I have regular supervisory authority over any employee, volunteer or contractor whom I believe has caused a child to suffer abuse or neglect; **and I understand I am required by law to report known or suspected instances where a child, youth or vulnerable adult (or developmentally disabled person) has been abused or neglected, and not doing so is considered a gross misdemeanor.**
8. **I understand the YMCA expects me to follow the same abuse reporting procedures whether I am a mandated reporter or not.**
9. **At the first reasonable cause to believe that *abuse or neglect* exists, it should be reported to my supervisor or program director and the designated branch representative (Puzzle Master)** so that proper reporting can be initiated. If the supervisor or program director is not available, I understand I should contact the next supervisory level up. Inability to consult with a supervisor or program director should not delay a call to authorities.
10. **Information regarding abuse or potential abuse or neglect should be documented in writing;** a report to CPS should be documented on the form, “Report of Suspected Child Abuse or Neglect.”
11. **At the first reasonable cause to believe that *an employee or volunteer* has crossed the boundaries of acceptable YMCA interactions or has abused a participant,** even if it was not during working hours, his or her conduct should be reported to my supervisor or program director and the Puzzle Master or branch executive. Appropriate actions will be taken regarding the employee or volunteer, including suspension or termination from YMCA employment or volunteer status, and the YMCA’s protocol for making a report to the appropriate authorities will be followed.
12. **Confidentiality of information related to abuse is crucial** and should be limited to the immediate supervisor and/or branch executive and designated member(s) of the Association office staff. However, inappropriate and sexualized behaviors initiated by participants towards others in YMCA programs will be shared with the Puzzle Master and other staff who work with the participant.

Confirmation of Understanding

I have read the YMCA’s “Abuse Prevention Rules” and “Abuse Prevention Reporting Procedures.” I agree to abide by the program rules and boundaries for staff relationships with children, youth, and vulnerable young adults as stated. I also understand that the branch Puzzle Master plays a crucial role in determining if grooming and rule breaking is occurring. I will report all rule breaking to my branch Puzzle Master. I will also report all sexualized behavior of youth to the Puzzle Master to help prevent peer-to-peer abuse.

I UNDERSTAND VIOLATIONS OF THE YMCA “ABUSE PREVENTION RULES” MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL (SEPARATION OF EMPLOYMENT). I ACKNOWLEDGE I AM AWARE OF MY RESPONSIBILITIES AND I HAVE RECEIVED A COPY OF THE ABUSE PREVENTION RULES.

Branch _____ Print Name _____ Signature _____ Date _____