



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Volunteer Applicant,

Thank you for your interest in joining our team. We are thrilled that you share in our passion of facilitating the development of lifelong health and wellness in the youth of Johnson County! Without the interest and continued involvement of our volunteers, we would not be able to provide the high-quality programming and services our community expects and deserves. As an organization with youth development at the forefront of our focus, the safety and wellbeing of the children in our care is a top priority. Our Volunteer Certification Process will ensure that we are all doing our part to protect the youth of Johnson County.

Volunteer Certification Process

1. Complete the following items in full.
 - a. Volunteer Application
 - b. State of Wyoming Central Registry Background Check Form (SS-26 CCL)
 - c. Volunteer Code of Conduct
 - i. Submit these completed items to the Y Front Desk: *ATTN: Nate Griffith*
2. The information in this packet will be processed through the State of Wyoming Central Registry. The coordinator(s) from the department(s) you would like to volunteer in will be in contact for the next steps in your volunteer journey.
3. Attached to this packet is a list of resources from our partners at Praesidium who specialize in providing child safety measures. These resources should take no longer than 30 - 90 minutes to complete and are a small sampling of the training that our Y staff receives. There is a wealth of information available that you will find useful when engaging/coaching our youngest members. This is a critical component of making sure our organization keeps our youth population safe while participating in programs in our facilities.

We look forward to working with you in the many facets of the Y. With your help, we will form strong relationships in our community and provide all local residents with access to programs and services that promote lifelong health and wellness.

Warmest regards,

JCFYMCA Staff



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Volunteer Application

Contact Information

Name		Age		DOB	
Mailing Address					
City		State		Zip	
Home Phone					
Work Phone					
Email Address					

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday Mornings | <input type="checkbox"/> Weekend Mornings |
| <input type="checkbox"/> Weekday Afternoons | <input type="checkbox"/> Weekend Afternoons |
| <input type="checkbox"/> Weekday Evenings | <input type="checkbox"/> Weekend Evenings |

Interests

Tell us in which areas you are interested in volunteering for:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Front Desk | <input type="checkbox"/> Youth/Adult Sports |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Camp 307 | <input type="checkbox"/> Volunteer Coordination | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

APPLICATION FOR CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY SCREEN

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

This form is for child care facilities licensed by the State of Wyoming only.

Instructions:

- 1) Complete page one and page two of this form **in ink** ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Verify SSN and DOB with a driver's license or other means of identification and obtain a copy **for your records**.
- 3) Authorization is only valid for sixty (60) days from the date signed.
- 4) **Submit a self-addressed envelope with the request**. Postage is not required but is appreciated.
- 5) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 6) **Incomplete forms be returned unprocessed.**
- 7) **Only applications with original signatures will be accepted. Electronic signatures, scanned or faxed copies are not accepted.**
- 8) The SS-26 Form will be returned to the agency requesting the screen when complete.
- 9) By including an email, you acknowledge The Department of Family Services may send you results electronically, and agree to abide by all confidentiality laws regarding Central Registry data. The original will follow by mail.
- 10) Areas marked by an asterisks (*) are required fields.

Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

***LICENSER:** Kristi Bennick

To be Completed by Organization/Facility (Print clearly)

*Name of person being screened: _____

*Name of Child Care Facility: Johnson County Family YMCA

*Director of Child Care Facility: Kamisha Blakeman

*Mailing Address of Child Care Facility: 101 Klondike Drive

*City Buffalo *State WY *Zip 82834

*Phone: (307) 684 9558

¥Facility Email (Optional): _____

For Central Registry Office Use only

Date Completed _____ Reference Number - 0118

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ Database _____

AUTHORIZATION OF RELEASE OF CHILD & ADULT ABUSE/NEGLECT CENTRAL REGISTRY INFORMATION

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

***Full** Legal Name _____

*Maiden Name _____

*Former Married Names _____

*Aliases _____

*Social Security Number _____

*Date of Birth _____

*Gender: Male Female

*Current Address _____

*City _____ *State _____ *Zip _____ *Phone _____

*List All Addresses for the past five (5) years. Attach additional pages if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

“Voluntarily” List Names of Your Children (This information assures accuracy of the screen)

_____	_____	_____
_____	_____	_____

If you do not agree to electronic submission of results to the email address listed on page 1 please opt out by initialing here. _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

***Signature of Person Being Screened**

***Date Valid for 60 Days**

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is “under investigation”, shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.



Volunteer Code of Conduct

1. In order to protect YMCA staff, volunteers, and program participants – at no time during a YMCA program may a staff/volunteer person be alone with a single child, where they cannot be observed by others. As staff/volunteers supervise children, they should space themselves in a way that other staff/volunteers can see them.
2. Staff/volunteers shall never leave a child unsupervised.
3. Restroom Supervision
 - a. Staff/volunteers will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff/volunteers will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If employees are assisting younger children, doors to the facility must remain open. Always send children in pairs and, whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs-diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others. *Child-Care & Gym/Swim*
5. Staff/volunteers shall not abuse children including:
 - a. Physical Abuse: striking, shaking, slapping
 - b. Verbal Abuse: humiliating, degrading, threatening
 - c. Sexual Abuse: inappropriate touch or verbal exchange
 - d. Mental Abuse: shaming, withholding love, cruelty
 - e. Neglect: withholding food, water, basic care, etc.

Any type of abuse will not be tolerated and may be cause for immediate dismissal.

6. Staff/volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff/volunteers will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.

7. Staff/volunteers will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Staff/volunteers shall respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.
9. Staff/volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
Child-Care & Gym/Swim
10. Staff/volunteers will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.
12. Staff/volunteers must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working or program hours is prohibited.
14. Smoking or the use of smokeless tobacco products in the facility and in the presence of children or parents is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children or parents is prohibited.
16. Staff/volunteers must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff/volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Under no circumstances should staff/volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
19. Employees/volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

Volunteer Applicant Name

Volunteer Applicant Signature

Date

Operations Director Signature

Date



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Volunteer Training Resources

The Johnson County Family YMCA greatly appreciates all of our volunteers and the effort they put into providing these experiences to our youngest members. Without the interest and continued involvement of our volunteers, we would not be able to provide the high-quality programming and services our community expects and deserves.

Below are some optional (unless otherwise noted) pieces of training, from our partners at Praesidium, that can help you on your volunteer journey. These trainings are a small sample of the what our staff goes through in order to properly apply our focus of safety and wellbeing for the youth in our community. If you can carve out the time to complete the trainings relevant to the area(s) you will be volunteering in, you will find yourself better prepared on your volunteer journey.

Training

Please visit the following link to register for trainings:

<https://www.praesidiuminc.com/preview?regCode=prymca2017>

General Volunteers

Abuse Risk Management for Volunteers | (30 - 50 Minutes)

Volunteers give their precious time to your organization to serve others. Teach how to protect those you serve from abuse and themselves from false allegations.

Board Members

Getting Your Board on Board | (15 - 20 Minutes)

Protecting children, their families, your organization, and your community from risk of child sexual abuse is a major responsibility. Get your board on board to help set expectations and provide the resources to help you get the job done.

Participants will learn: Facts about child sexual abuse. How abuse affects victims and organizations. How abuse happens in organizations. Critical steps every board member should take to keep your organization safe.

Aquatics Volunteers

Abuse Risk Management for Volunteers | (30 - 50 Minutes)

Volunteers give their precious time to your organization to serve others. Teach how to protect those you serve from abuse and themselves from false allegations.

Athlete Protection: Swim Edition | (40 - 60 Minutes)

This course is designed to keep your swimmers safe from abuse and to protect you from false allegations. By establishing appropriate boundaries, you can facilitate a healthy coach-athlete relationship.

Participants will learn: Scope and effects of abuse in sports and how to maintain a healthy coach-athlete relationship. High-risk situations and how to handle them. How to report abuse and red-flag behaviors.

Camp 307 Volunteers

A Day at Day Camp | (40 - 60 Minutes)

This course spotlights various activities and associated risks in a typical day at camp.

Participants will learn: How to keep day campers safe from sexual abuse. How to protect themselves from false allegations of abuse. How to identify and manage high-risk situations at day camp. What to do if they see something suspicious or inappropriate.

Child Care Volunteers

First Aid, CPR, and AED | * - Mandatory

Pre-Service Training for the first year.

Volunteers with at least 24 hours/month will need to update service training every year.

Youth Sports Volunteers

Abuse Risk Management for Volunteers | (30 - 50 Minutes)

Volunteers give their precious time to your organization to serve others. Teach how to protect those you serve from abuse and themselves from false allegations.

Athlete Protection | (40-60 Minutes)

This course is designed to keep your athletes safe from abuse and to protect you from false allegations. By establishing appropriate boundaries, you can facilitate a healthy coach-athlete relationship.

Participants will learn: Scope and effects of abuse in sports and how to maintain a healthy coach-athlete relationship. High-risk situations and how to handle them. How to report abuse and red-flag behaviors.