



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Tri-State Family YMCA

Neosho Freeman Family YMCA | Grand Lake Family YMCA | NWA Mercy Family YMCA

YMCA VOLUNTEER APPLICATION AND AGREEMENT

PLEASE PRINT CLEARLY

DATE _____ POSITION DESIRED _____ BRANCH _____

NAME _____ TELEPHONE: HOME/CELL _____

RESIDENCE ADDRESS _____ WORK _____

CITY _____ STATE _____ ZIP _____ DATE OF BIRTH _____

HOW LONG AT THE ABOVE ADDRESS? _____ SOCIAL SECURITY # _____

DRIVERS LICENSE # _____ DRIVERS LICENSE CLASSIFICATION: A B C E F

LIST LAST TWO PREVIOUS RESIDENTIAL ADDRESSES:

STREET ADDRESS	CITY	STATE	ZIP
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STREET ADDRESS	CITY	STATE	ZIP
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1. OCCUPATION? (BE SPECIFIC) _____ ETHNICITY: W B A H I O

PLACE OF EMPLOYMENT _____

ADDRESS _____

STREET	CITY	STATE	ZIP	HOW LONG?
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PREVIOUS EMPLOYER _____ PHONE # _____

ADDRESS _____

STREET	CITY	STATE	ZIP	HOW LONG?
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EMERGENCY CONTACT NAME _____ PHONE # _____

ADDRESS _____

STREET	CITY	STATE	ZIP
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2. WHAT IS YOUR PRESENT MARITAL STATUS? () MARRIED () SINGLE () DIVORCED

3. HOW MANY CHILDREN DO YOU HAVE (IF ANY)? SONS _____ DAUGHTERS _____

4. HIGH SCHOOL ATTENDED? _____ STATE _____

COLLEGE/TECHNICAL SCHOOL ATTENDED (IF ANY)? _____ STATE _____

5. DESCRIBE ANY FORMAL/INFORMAL TRAINING YOU MAY HAVE HAD AS A COACH OR VOLUNTEER?
(FOR EXAMPLE, COACHING CLINIC, COURSES, P.E. DEGREE, ETC.)

6. HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL OFFENSE?

_____ YES _____ NO INCLUDE ANY JUVENILE SITUATIONS:

IF YES, PLEASE EXPLAIN: _____

7. WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING? _____

8. WHAT OTHER ORGANIZATIONS HAVE YOU VOLUNTEERED WITH (IF ANY)? _____

9. REFERENCES: PLEASE LIST THE NAMES, OCCUPATION AND TELEPHONE NUMBERS OF THREE PEOPLE
(OTHER THAN RELATIVES) WHO KNOW YOU SUFFICIENTLY WELL TO PROVIDE US A REFERENCE.
REFERENCES WILL BE CONTACTED.

<u>NAME</u>	<u>OCCUPATION</u>	<u>WORK PHONE</u>	<u>HOME/CELL PHONE</u>
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10. IF VOLUNTEERING TO BE A COACH:

a. WHAT SPORT HAVE YOU COACHED/PLAYED: _____

b. FOR WHICH ORGANIZATION: _____

c. DO YOU HAVE AN AGE LEVEL PREFERENCE? _____

PLEASE EXPLAIN WHY: _____

11. WHAT AREAS OF COACHING DO YOU FEEL YOU NEED TRAINING?

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> RULES | <input type="checkbox"/> COMMUNICATION WITH PARENTS/PLAYERS |
| <input type="checkbox"/> STRATEGY | <input type="checkbox"/> DEVELOPING SPORTSMANSHIP |
| <input type="checkbox"/> SAFETY | <input type="checkbox"/> INJURY PREVENTION/TREATMENT |
| <input type="checkbox"/> FIRST AID | <input type="checkbox"/> MOTIVATING YOUNGSTERS |
| <input type="checkbox"/> CPR | <input type="checkbox"/> ORGANIZING A PRACTICE |
| <input type="checkbox"/> WARM UP AND PHYSICAL CONDITIONING | |

I HEREBY AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND THAT ANY FALSE INFORMATION SUBMITTED IN THIS APPLICATION MAY RESULT IN MY DISCHARGE AND THAT MY SERVICE MAY BE SUBJECT TO FINGERPRINTING, PROOF OF MINIMUM AGE AND OTHER BACKGROUND CHECKS.

X _____
SIGNATURE

X _____
DATE



**FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY**

YMCA Code of Ethics and Rules

1. Smoking or use of tobacco products in the presence of children is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs will not be tolerated.
3. Volunteers shall not abuse children including:
 - a. Physical Abuse- strike, spank, shake, slap
 - b. Verbal Abuse- humiliate, degrade, threaten
 - c. Sexual Abuse- including inappropriate touching or exposure
 - d. Mental Abuse- inconsistent standards, communicating one behavior and rewarding the opposite
4. Volunteers must treat children of all races, religion and cultures with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison and criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers will refrain from intimate display of affection toward others in the presence of children, parents and arid staff.
9. Monetary and expensive gifts to volunteers are prohibited.
10. Volunteers must be free of physical and psychological conditions that might adversely affect children's health, including significant fever or contagious conditions.
11. Volunteers will portray a positive role model for you by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
12. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a child. In fact, caring for any child other than your own, on a one-on-one basis such as babysitting is prohibited.
13. Inviting children to a volunteer's home without full knowledge of the child's parent(s) and without another adult present at all times is strictly prohibited.
14. Missouri State law requires that all citizens report any suspected abused or neglect of a child to the Missouri Department of Child Abuse/Neglect Office or a law enforcement agency.
15. I understand that as a volunteer for the YMCA, I will be subject to a background check.

Volunteer's Signature Date

Volunteer's Signature

Date

Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - \$10.00 (Criminal record, child abuse, or neglect, central registry search) <input type="checkbox"/> (3) Fingerprint Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request)	TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)

MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER / STATE	

ADDRESSES FOR PAST 5 YEARS

STREET	CITY	STATE	STREET	CITY	STATE

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

DATE	CITY	STATE	COUNTY	CIRCUMSTANCES (Attach separate page, if necessary.)

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

SIGNATURE OF APPLICANT (REQUIRED IN INK)	DATE
SIGNATURE OF REQUESTOR (Required in ink)	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE
STATE AGENCY	STATE VENDOR OR CONTACT NO. (If applicable)

CHECK APPROPRIATE BOX

<input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT	<input type="checkbox"/> DOH / CCB CHILD CARE BUREAU	<input type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE
<input type="checkbox"/> CHILD CARE RELATED VOLUNTEER	<input type="checkbox"/> DMH / DMH VENDOR	<input type="checkbox"/> CD CONTRACT PROVIDER
<input type="checkbox"/> CD LICENSURE	<input type="checkbox"/> HEALTH CARE	<input type="checkbox"/> OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below. Confidential Mail <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">AGENCY NAME</td><td>Tri-State Family YMCA</td></tr> <tr><td>ATTENTION</td><td>Missy Christal</td></tr> <tr><td>ADDRESS</td><td>4701 Chouteau Avenue</td></tr> <tr><td>CITY STATE ZIP CODE</td><td>Neosho, mo 64850</td></tr> </table>	AGENCY NAME	Tri-State Family YMCA	ATTENTION	Missy Christal	ADDRESS	4701 Chouteau Avenue	CITY STATE ZIP CODE	Neosho, mo 64850	SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson City, MO 65102
AGENCY NAME	Tri-State Family YMCA								
ATTENTION	Missy Christal								
ADDRESS	4701 Chouteau Avenue								
CITY STATE ZIP CODE	Neosho, mo 64850								



MEMBERSHIP GUIDELINES

Welcome to the Tri-State Family YMCA. The goal of our facilities is to provide a variety of fitness and recreational activities to residents in our area. These membership guidelines are designed to help you gain maximum enjoyment of this building and its' programs. This is your YMCA and we hope you will use it often and we welcome suggestions.

SUPERVISION

The Tri-State Family YMCA encourages family use of the facility. Youth ages 11 years old and under must be in a supervised program or with a parent or guardian 18 years or older. Youth ages 12-14 can use the fitness center with a parent or guardian after completing an orientation class or passing a test. They will be allowed in other areas of the facility up to two (2) hours as long as current emergency information is on file.

CONDUCT

Acts including, but not limited to theft, possession of controlled substances, inappropriate behavior or conduct, physical or verbal violence, profanity, possession of weapons and vandalizing will not be tolerated and could result in suspension and/or loss of membership. Members will be charged for damage to the property.

LIABILITY

The YMCA is not responsible for accidents or injury to persons arising out of activity taking place inside the facility or on the grounds.

ATTIRE

Appropriate clothing should be worn throughout the facility. Shirts, shorts and shoes are required. Black-soled or street shoes that can damage the floors are prohibited. Swimsuits and bare feet are acceptable in the aquatics center and locker rooms only.

LOCKER ROOMS & TOWELS

In an effort to protect the privacy of our members, parents and/or guardians responsible for changing children of the opposite sex, we provide a family locker room. Please ask the Welcome Center for assistance. As a convenience to members and guests, lockers are open and available to use while you're at the Y. Your locker must be emptied each visit unless you have rented a locker. Monthly rental fees are \$7.50 for a half locker and \$15 for a full size locker.

RADIO/STEREOS

Individual headsets are permitted in the fitness center and designated walking areas. Radios/tape players are prohibited in the facility. Cardio theater headphones can be purchased at the welcome center.

RACQUETBALL/HANDBALL/WALLYBALL

1. Black racquetballs are not allowed.
2. Protective eyewear is required for all players.
3. Wallyball equipment will be available at reservation. Do not hang on the wallyball net.
4. Court reservations will be taken up to 24 hours in advance. Consecutive day reservations will not be made during peak times.
5. Wallyball reservations must be made 24 hours in advance. Ask for explanation of criteria.

FITNESS CENTER

1. Refer to supervision for age limits.
 2. Appropriate shirts, shorts and shoe are required.
 3. Treat the equipment with respect.
- PLEASE DO NOT BANG OR DROP WEIGHTS.**
4. Cardio equipment is reserved first come, first serve.
 5. Please wipe down machines after use.
 6. Do not rest on machines after sets.
 7. Food and drink are prohibited.

AQUATICS CENTER RULES

The following rules are to ensure the most enjoyable aquatic center possible. Observance of these rules appreciated. A parent or guardian must accompany children under age 8 at all times. Children ages 2 and under must wear a swim diaper unless potty trained.

RULES:

1. No food or drink in the locker rooms or aquatics center.
2. Wet suits and bare feet are allowed in this area only. Upon leaving, exit through the shower/dressing area and change before proceeding to any other areas of the YMCA.
3. Please place trash in the proper receptacles.
4. A shower **MUST** be taken before entering the pool.
5. Persons with communicable diseases must not enter the pool.
6. Pushing and other rough play are prohibited.
7. Walking only is permitted on the deck.
8. Cut-offs, see-through clothes and diapers are not permitted in the pool. In case of items of clothing in question, the lifeguard on duty shall make the decision.
9. Excess body lotion and oils must be removed before entering the pool.
10. Diving, including back dives and flips from the side are prohibited.
11. Please **DO NOT** hang from the lane dividers.
12. Marked lanes are for lap swimming and walking.
13. Barbells and kickboards shall be used in the lap lanes and swimming classes only.
14. Designated areas in the shallow end are closed to non-participants when being used for specific classes.
15. Persons using the swimming pool area shall place possessions (shoes, shirts, etc) in a locked locker and dress/undress in the locker room.
16. Only Coast Guard approved flotation devices allowed.
17. To be eligible to swim in the deep end, swimmers must be able to swim one length of the pool without assistance.
18. The lifeguard is there for your protection and is not to be distracted from duties by conversation. The lifeguard has the **FINAL AUTHORITY**.