

YMCA of Greensburg Volunteer Application

Date _____ (Month/Day/Year)

APPLICANT INFORMATION

Please fill out entire application in ink.

Last Name	First Name	Middle Initial	Home Phone
Address (street, city, state, zip)			Daytime Phone
Emergency Contact Name	Emergency Contact Number	Relationship	Cell Phone
Emergency Contact Name	Emergency Contact Number	Relationship	Email Address
Have you ever been a member of the Greensburg YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No			Best Time/Place/Phone to Contact You

Are you 18 years of age or older? ☐ Yes ☐ No
 Date of Birth (must be provided for clearances): _____ / _____ / _____ Length of Residence in PA: _____
 Volunteers under 18 years of age will need permission from their guardian.

Are you looking to fulfill a school requirement for your service? ☐ Yes ☐ No
 If yes, what school? _____ Number of Hours Needed: _____ Deadline: _____
 Are you looking to fulfill a community service requirement? ☐ Yes ☐ No Number of Hours Needed: _____ Deadline: _____

Indicate your availability for volunteer service.

Days of the Week:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Any Day

Time of Day:

- ☐ Mornings
- ☐ Afternoons
- ☐ Nights
- ☐ Anytime
- ☐ Only times listed below

Specific Hours Available:

Day/Times Not Available:

What program areas interest you?

- ☐ Anything/Everything
- ☐ Aquatics
- ☐ Building & Grounds
- ☐ Child Care
- ☐ Family
- ☐ Older Adult
- ☐ Special Events
- ☐ Teens/Youth
- ☐ Youth Sports
- ☐ Other _____

Please check specific interests.

- ☐ Annual Support Campaign
- ☐ Family Fun Nights
- ☐ Other _____

May we contact you when searching for volunteers for various events?

_____ Yes _____ No

Please provide a brief statement on why you would like to volunteer for the Greensburg YMCA:

☐ I have volunteered with the YMCA or other organizations in the past. If yes, please list below.

Name of Organization/Location	Dates Volunteered	Duties	Supervisor/Phone Number

WORK HISTORY / EDUCATION

Current Employer:

Supervisor:

Work Phone:

Position:

of years:

May we contact your employer as a reference? _____ Yes _____ No

Highest Level of Education:

Course of Study:

Special Certification/Skills:

References: please provide 2 professional and 1 family member.

Name: _____

Number: _____

Name: _____

Number: _____

Name: _____

Number: _____

APPLICATION SIGNATURE**Please read carefully and sign. If under 18, the signature of your parent/guardian is required.**

1. All information contained in this application is true and correct to the best of my knowledge. I understand that misrepresentations or omissions of any kind may result in denial of volunteer service or be cause for subsequent dismissal if I am chosen for a volunteer assignment.
2. My services are donated to the YMCA of Greensburg freely and without expectation of compensation or benefits. I understand that this application is not a contract and that volunteering at the YMCA is on an at-will basis, and that my volunteer service may be terminated with or without cause by me or the YMCA at any time.
3. I have read and fully understand the YMCA of Greensburg Volunteer Code of Conduct and agree to abide by it during all YMCA activities. I understand that failure to follow the Volunteer Code of Conduct may be cause for my dismissal at any time. During my service, I understand that I may never be alone with a single child where we cannot be observed by other adults. In addition, I understand that no type of child abuse will be tolerated and would be cause for immediate dismissal.
4. **Waiver of Liability:** I agree to hold the YMCA of Greensburg harmless for any injuries sustained on YMCA of Greensburg property while volunteering.
5. I hereby authorize the YMCA of Greensburg to contact professional and personal references to assist the YMCA in getting to know me and to determine the best volunteer placement.
6. I understand that, if I am 18 years of age or older, I am required to submit recent (from the past six months) PA Criminal, PA Child Abuse, and FBI/affidavit clearances, the content of which will be evaluated on an individual basis relative to the type of service the individual is offering the YMCA. All information will be maintained in strict confidence and stored in confidential files.
7. I also understand that I am required to complete two child abuse prevention and reporting related trainings prior to beginning to volunteer: Child Sexual Abuse Prevention for Volunteers and Mandated Reporter Training (certification good for 5 years).

Signature _____

Date _____

Parent or Guardian Signature _____
(if under 18 years old)

Date _____

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Confidentiality Agreement

It is the responsibility of all YMCA employees, contracted staff, temporary staff and volunteers to safeguard all information that is considered confidential. Each program participant has the right to confidentiality and the YMCA is committed to protecting that privacy. All program records are kept confidential and are available to only necessary program personal, federal, state or local authorities, or their authorized agents, if the information is necessary to carry out their required functions, or as mandated by law or order of court. Disclosure beyond this scope requires the employee and/or member's informed and written authorization.

The undersigned agrees not to disclose any trade secrets, member, vendor or employee lists or information, personnel issues regarding the YMCA's employees, marketing plans, sales plans, operating policies or manuals, business plans, financial records or other financial, commercial, business or technical information relating to the YMCA including program participant information collectively referred to as Confidential Information, to any third party, without the prior consent of the Human Resources Department.

The undersigned acknowledges and agrees that obligations under the Confidentiality provisions of this agreement apply not only to written and electronic documents and data, but also to any other information associated with the YMCA's relationship.

The undersigned will not divulge personal or confidential information, including personnel or issues related to the business relationship existing between the undersigned and the Agency, to clients or members.

At any time, upon the YMCA's request, the undersigned shall return to the YMCA all property of the Agency and copies in his/her possession or under his/her direct control.

I, the undersigned, have read this Confidentiality Agreement and understand that any breach of this Confidentiality Agreement can result in the termination of an employment, temporary, volunteer or business relationship, as well as whatever legal remedies may be permitted in a court of law.

Signature _____ Date _____

Volunteer's Clearance Instructions

TYPE OF CLEARANCE	INFORMATION/STEPS	LINK
<p style="text-align: center;">1</p> <p>Pennsylvania Criminal History Check</p> <p style="text-align: center;">FREE</p>	<p>This is now an online procedure and they do not mail you out a copy of your clearance.</p> <ol style="list-style-type: none"> 1.) Go to the link provided. >>>>>>>>>>>>>> 2.) Click NEW RECORD CHECK (VOLUNTEERS ONLY) (In Yellow Box) 3.) Accept terms and continue. 4.) Fill out demographic information. Once demographic information is completed click next. 5.) Check over information on the next page. Then click Proceed. 6.) Then enter your demographic information again and click Enter this Request. 7.) Then click view Queued Record Check Requests (1) 8.) Review information then click submit. <p>Once the Search results table appears, click on the Control Number. Please be sure to retain the control number for your record. Click on the Certification Page to access your official Clearance. You can complete everything online and receive your results immediately. Please retain a copy for your records.</p>	<p>https://epatch.state.pa.us/Home.jsp</p>

Pennsylvania Child Abuse History Check

This is now an online procedure and they do not mail a copy of your clearance to you.

- Check your e-mail for your temporary password!**
- You have successfully created a Keystone ID and a temporary password has been e-mailed to you. For the safety of your personal and financial information, you cannot begin working until you retrieve this temporary password and sign back in to the system. You need to use this temporary password the first time you sign in. When you sign in for the first time, you will be required to create a personal password for future use.
- Please close this browser window and login to your application.

6.) Now go back to the original link. >>>>>>>>>>>>>>>>>>>

- 10.)



- Instructions continue on next page...

- 17.) Then click continue.
- 18.) Click create clearance application.
- 19.) Click begin.
- 20.) For application purpose select : VOLUNTEER
- 21.) Go through pages and provide demographic information. Including all the people and place you have lived.
- 22.) Review and click Next.
- 23.) Mark box that everything is correct and type your name in the box.
- 24.) Clearance may not be available right away.

To obtain clearance (You may have to keep checking to see if it is ready):

Log on with username and password. Then click access my clearances. Click continue, and sign in. The green box on screen below will pop up when clearance is ready.

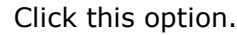
The screenshot shows a web interface for "My PA Child Abuse History Clearances". At the top, there are two buttons: "CREATE CLEARANCE APPLICATION" and "ADD APPLICATION TO ACCOUNT". Below this is a section titled "Status of Submitted Applications" with a sub-header "Submitted Applications". A message states: "You can modify an application with an issued certificate, if an error exists on the current certificate. To resubmit an application, click the Resubmit button below." A yellow warning box contains the text: "Warning It is recommended that you DO NOT save your certificate on a public computer. Doing so could leave your personal information open for others to view! Only save your certificate to a trusted computer to protect your information." Below the warning box, there is a card for an "e-Clearance ID: [redacted]". The card includes the purpose "Employment with a significant likelihood of regular contact with children", the creation date "Created On 01/09/2015", and the update date "Updated On 01/09/2015". A "RESUBMIT" button is located in the top right corner of the card. A green box at the bottom of the card states: "Your application has been processed. To view the result, click here."

Please retain a copy for your records.

FBI Criminal History Report

This is a multiple step process. You must register. Go get fingerprinted. Then get results.

- 2.)



- USE SERVICE CODE: **1KG6ZJ**

- 10.) Print conformation and give me a copy of this.

Receiving a copy of the actual clearance: You will receive the actual clearance in the mail. I need a copy of that clearance **as soon as** you get it in the mail.

<https://www.identogo.com/locations/pennsylvania>

Locations for Finger Printing closest to 15601

Location	Address	Distance
▼ Greensburg, PA	102 Equity Dr	2.52 mi
📍 IdentoGO 102 Equity Dr Greensburg, PA 15601-7190	Hours: Monday - Friday: 07:40 AM - 03:40 PM	
▼ Latrobe, PA	1816 Lincoln Ave	8.92 mi
📍 IdentoGO 1816 Lincoln Ave Latrobe, PA 15650-3038	Hours: Monday - Friday: 10:00 AM - 03:00 PM	
▼ Monroeville, PA	2700 Monroeville Blvd	15.77 mi
📍 IdentoGO 2700 Monroeville Blvd Monroeville, PA 15146-2359	Hours: Monday - Thursday: 08:30 AM - 03:00 PM Friday: 08:30 AM - 02:00 PM	
▼ Leechburg, PA	511 Hyde Park Rd	21.77 mi
📍 IdentoGO 511 Hyde Park Rd Leechburg, PA 15656-8969	Hours: Monday - Friday: 11:30 AM - 07:00 PM	
▼ Cheswick, PA	801 Freeport Rd	22.21 mi
📍 IdentoGO 801 Freeport Rd Cheswick, PA 15024-1209	Hours: Monday - Thursday: 09:30 AM - 06:00 PM Friday: 09:30 AM - 04:30 PM Saturday: 09:30 AM - 12:30 PM	