

Check if Any of These Apply to You

- Community Service (Court ordered)
- Senior Project
- Community Job's

Hours Needed _____

YWCA of Yakima

Direct/Non Direct Volunteer Application

Today's Date: _____

Name: _____

Address: _____

Day Phone: _____ Mobile phone: _____

Evening Phone: _____

E-Mail: _____

Date of birth: (required for background check) _____

Valid Driver's Licenses: ____ Yes ____ No / Proof of Insurance: ____ Yes ____ No.

Employer: _____

Transportation Available ____ Yes ____ No

Languages other than English? ____ Yes ____ No

Which language (s) _____

Education: _____

This application is designed to help clarify your goals in volunteering with the YWCA Yakima. It will also aid both you and staff in matching your skills and goals with the volunteer positions available at the YWCA. The information you provide will be kept confidential.

Upon completion, please return this application form and the attached Washington State Patrol Form to: YWCA of Yakima, 818 West Yakima Ave, Yakima, WA 98902. Once the application is received we will schedule a time to meet with a YWCA Staff Member then schedule training pursuant to the volunteer position.

Please put an 'x' on the area(s) which are of most interest to you:

Direct Client Services: Requires 20 hour Advocate Based Counseling training

Next Training Dates:

October 5th- 7th 9:00am-2:00pm-Plus 5 hours of shadowing

May 9th, 10th, 11th, 12th, 13th 5:00pm-8:00pm-Plus 5 hours of shadowing

___ Shelter Advocate

___ Support Group Facilitator

___ Legal Advocate

___ Shelter Support

___ Children's Advocate

___ Bilingual Outreach Advocate

Non Direct Client Services: Requires 1 hour Training (schedule as needed)

___ Office Support

___ Working Women Wardrobe/Boutique

___ Fundraising/Special Events

___ Board of Directors

___ Annual maintenance and landscaping

___ Community Resource Center

___ Donations

___ Shelter Support

Please list the best times for you to volunteer.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How did you hear about volunteer opportunities at YWCA?

___ Friend ___ Employee ___ Website ___ Other: _____

Please list experience and education that prepare you for volunteering at the YWCA.

References: Please list two (2) personal references not related to you, whom you have known for at least one year, who could speak to your qualifications as a volunteer:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

Emergency contact information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Day: _____ Evening: _____

Relationship to applicant: _____

As a volunteer applicant for YWCA of Yakima, I hereby authorize the YWCA Yakima to conduct a background investigation to determine my qualifications to participate as a volunteer in this program.

I understand that the background investigation I am authorizing will be conducted solely for the purpose of protecting and preventing anyone who may require the services of the YWCA of Yakima and all information obtained in a background investigation will be treated as confidential by the YWCA of Yakima.

Signature

Date

Informed Consent for Voluntary Involvement and Release of Liability

Are you under 18 years of age? Yes _____ No _____

If the participant is under the age of 18, please complete only the Informed Consent and Release of Liability for Youth Under 18 section of this informed consent. This section can be found on page 2.

CONTACT INFO (Please Print)

Name _____ Date of Birth _____

Primary Address _____ City _____ State _____

Zip _____ Primary Phone # _____ Primary E-mail _____

PLEASE READ, INITIAL AND SIGN CAREFULLY. THIS MAY AFFECT YOUR LEGAL RIGHTS.

This informed consent and release form, executed on _____ (TODAY'S DATE), serves to document the agreement between (PRINT YOUR NAME) _____ and YWCA of Yakima (herein known as YWCA). By signing below, I agree to the following terms:

1. **Involvement:** I hereby acknowledge that I am entering into this agreement voluntarily without any expectation of any form of monetary compensation. I do so of my own free will. I acknowledge that I am not an employee of the YWCA.
2. **Release of Liability:** I hereby release and forever discharge and hold harmless the YWCA, its staff, clients, volunteers, successors, assignees and agents from any and all liability, claims, and demands of whatever kind or nature which may arise during or as a result of my voluntary involvement with the YWCA. I understand that I am releasing the YWCA from any liability in respect to bodily injury, personal injury, illness, death or property damage that may result from my voluntary involvement with the YWCA, whether caused by negligence or otherwise.

PLEASE INITIAL _____

3. **Assumption of Risk:** I hereby acknowledge that while participating with the YWCA, I may be exposed to hazardous environment or working conditions. These include, but are not limited to, kitchen equipment, tools, lifting, loading and unloading materials, office equipment, vehicles and driving. I also acknowledge that while participating with the YWCA, I may be exposed to individuals with illness that include, but are not limited to HIV, hepatitis, MRSA, tuberculosis, influenza, lice, shingles and bed bugs. **PLEASE INITIAL _____**
4. **Medical Treatment:** I hereby release the YWCA from any claims that may arise as a result of any First Aid treatment or service administered in connection with my voluntary involvement with the YWCA. Furthermore, I hereby give authorization for the YWCA to seek professional medical attention for myself should I become incapacitated or should professional medical attention be needed.
5. **Insurance:** I hereby release the YWCA from any responsibility or obligation to provide medical, health or disability insurance in excess of what it currently provides.
6. **Law:** I hereby acknowledge that while engaged in my voluntary involvement with the YWCA, I shall abide by all federal laws and all laws of the state of Washington.
7. **Media:** I hereby agree and give my consent to be interviewed, photographed, filmed, videotaped and/or sound- recorded. I understand the story of my volunteer experience, my words and/or images may appear in media (print/broadcast), and/or in advertising, publicity, fundraising, social media or informational material of the YWCA or affiliated organizations, including publication, website, video, etc. for up to 5 years. I waive all compensation for such use and I give the YWCA permission to use my full name in its publications. **PLEASE INITIAL _____**

Signature of Participant _____ Date _____

I hereby acknowledge that I have witnessed the above individual's signature of this waiver and release form.

Signature of Witness _____ Date _____

Informed Consent and Release of Liability for Youth Under 18

To be completed by the parent/guardian of the youth. All individuals under the age of 18 must be accompanied by a parent/guardian when volunteering.

CONTACT INFO OF THE YOUTH (Please Print)

Name _____ Date of Birth _____

Primary Address _____ City _____ State _____

Primary Phone # _____ Primary E-mail _____

CONTACT INFO OF THE PARENT OR GUARDIAN (Please Print)

Name _____ Relation to the Youth _____

Primary Address _____ City _____ State _____

Primary Phone # _____ Primary E-mail _____

Are you the emergency contact for the above mentioned youth? Yes___ No___ If not, please provide emergency contact info. (The emergency contact must be 18 or older.)

Name _____ Phone # _____

Relation to the Youth _____

PLEASE READ, INITIAL AND SIGN CAREFULLY. THIS MAY AFFECT YOUR LEGAL RIGHTS.

This informed consent and release form, executed on _____ (TODAY'S DATE), serves to document the agreement between (PRINTED NAME OF PARENT/GUARDIAN) _____ and YWCA of Yakima (herein known as YWCA) in regards to the voluntary involvement of (PRINTED NAME OF YOUTH) _____. By signing below, I agree to the following terms:

1. Involvement: I hereby acknowledge that the above mentioned youth is entering into this agreement voluntarily without any expectation of any form of monetary compensation. I acknowledge that the above mentioned youth is not an employee of the YWCA.
2. Release of Liability: I hereby release and forever discharge and hold harmless the YWCA, its staff, clients, volunteers, successors, assignees and agents from any and all liability, claims, and demands of whatever kind or nature which may arise during or as a result of the above mentioned youth's voluntary involvement with the YWCA. I understand that I am releasing the YWCA from any liability in respect to bodily injury, personal injury, illness, death or property damage that may result from the above mentioned youth's voluntary involvement with the YWCA, whether caused by negligence or otherwise. **PLEASE INITIAL _____**
3. Assumption of Risk: I hereby acknowledge that while participating with the YWCA, the above mentioned youth may be exposed to hazardous environment or working conditions. I also acknowledge that while participating with the YWCA, the above mentioned youth may be exposed to individuals with illness that include, but are not limited to HIV, hepatitis, MRSA, tuberculosis, influenza, lice, shingles and bed bugs. **PLEASE INITIAL _____**
4. Medical Treatment: I hereby release the YWCA from any claims that may arise as a result of any First Aid treatment or service administered in connection with the above mentioned youth's voluntary involvement with the YWCA. Furthermore, I hereby give authorization for the YWCA to seek professional medical attention for the above mentioned youth should he/she become incapacitated or should professional medical attention be needed.
5. Insurance: I hereby release the YWCA from any responsibility or obligation to provide medical, health or disability insurance in excess of what it currently provides.
6. Law: I hereby acknowledge that while engaged in voluntary involvement with the YWCA, the above mentioned youth shall abide by all federal laws and all laws of the state of Washington.
7. Media: I hereby agree and give my consent for the above mentioned youth to be interviewed, photographed, filmed, videotaped and/or sound- recorded. I understand the story of his/her volunteer experience, his/her words and/or images may appear in media (print/broadcast), and/or in advertising, publicity, fundraising, social media or informational material of the YWCA or affiliated organizations, including publication, website, video, etc. for up to 5 years. I waive all

Informed Consent and Release of Liability for Youth Under 18 (Continued)

compensation for such use and I give the YWCA permission to use his/her full name in its publications. **PLEASE INITIAL YES, I AGREE** _____

NO, I DO NOT GIVE MEDIA PERMISSION _____

Signature of Parent/Guardian _____ Date _____

I hereby acknowledge that I have witnessed the above individual's signature of this informed consent & release of liability form on behalf of the above mentioned youth.

Signature of Witness _____ Date _____

YWCA Client, Resident, Volunteer Relationships

1. The aim of the YWCA of Yakima is to provide services to clients and residents in a way that enhances a sense of dignity and self-esteem and supports self-sufficiency. Therefore, all personnel are to maintain a professional relationship with clients and residents.
2. A professional relationship is important to volunteers, clients, and residents.
 - A volunteer needs to maintain objectivity and reduce the impact of personal preferences in order to give equal and unbiased service to all clients and residents, and to maintain the position of “limit-setter” when necessary.
 - A volunteer should respect the clients and residents need for privacy and assist them in reducing their vulnerability and dependence.
3. A volunteer must remember that establishing friend relationships with clients and residents is misleading to both parties. Clients and residents are vulnerable and dependent on us for resources, referrals and other services. By becoming friends, revealing person problems, doing something “extra” for one client and not all clients, can quickly become perceived as “Favoritism” by other clients and cause problems to the client you intended to help. **Such a dual relationship is considered unethical conduct according to the National Association of Social Workers and the American Psychological Association.**
4. It is inappropriate for a volunteer to—
 - Give out your home phone number or address to clients or residents.
 - Transport clients or residents in your own vehicle.
 - Make personal loans to clients or residents.
 - Buy clients or residents gifts or accept expensive gifts from clients or residents.
 - Engage in a business transaction with a client or resident.
 - Have dates with or attend social events with clients or residents.
 - Share personal life with clients or residents, or discuss personal or family problems. *It is sometimes helpful to refer to past personal experience in order to reassure clients or residents that they are not alone or to provide a real-life example or how one can move beyond immediate problems. Such references are to be used with care and should never be an occasion for staff to “unload” personal problems or “brag” about personal achievements.*
5. It is not permissible for a volunteer to take friends or family members to visit clients or residents or to any YWCA Yakima sponsored activity unless approved by the volunteer coordinator.
6. If a volunteer already has a personal relationship with a client or resident, all effort should be made to minimize contact between the client/resident with the volunteer.
7. A volunteer can maintain a supportive, professional relationship with clients and residents by:
 - Being interested in clients or residents and using active listening techniques
 - Helping clients or residents set goals they can achieve
 - Reinforcing progress in small steps
 - Building feelings of success and independence
 - Teaching isolated and lonely clients or residents how to make friends and build a support system with others rather than depending on staff and volunteers for interaction.
8. YWCA of Yakima volunteers are responsible for protecting the privacy of our clients and residents. No information about clients or residents is to be given verbally or in writing to agencies or individuals without a signed release of information form from the specific individual involved.

I have read and agree to abide by the policies stated in this document when interacting with clients and residents of YWCA of Yakima.

Signed

Date

YWCA CONFIDENTIALITY

Responsibilities of the YWCA

1. The YWCA shall disclose no confidential information, including the fact that a person is or has been a resident/client without the informed consent signed by the resident/client or legally responsible other, except as set forth by the following conditions:
 - a) to Child or Adult Protective Services in accordance with suspected abuse or neglect (RCW 26.44 or chapter 74.34 RCW);
 - b) to law enforcement officers and the intended victim when there is clear threat of homicide or intent to do bodily harm to another person;
 - c) to an individual or organization as necessary for management or financial audits or program monitoring and evaluation. Such information may not be used in a manner which discloses the name or other identifying information about the resident/client and no copies will be made;
 - d) to the legal counsel or guardian of the resident/client with a court order;
 - e) to properly identified law enforcement officers with a proper search or arrest warrant;
 - f) to the person listed as an emergency contact in case the resident client is: unconscious or incapacitated; seriously ill or injured and requires medical treatment or hospitalization; or disappears.
2. The YWCA shall disclose no confidential information of its volunteers, unpaid interns and court ordered community service individuals except as outlined by the *Informed Consent and Release of Liability* Form. All volunteers, unpaid interns and court ordered community service individuals are required to complete an *Informed Consent and Release of Liability* Form prior to beginning their service with the YWCA.

Responsibilities of Volunteers and Partners

1. YWCA volunteers are responsible for protecting the privacy of YWCA residents, clients, volunteers and donors. All personal information must be handled discreetly at all times, and on a need-to-know basis. Only individuals authorized by applicable supervisors may engage in handling confidential information.
2. YWCA volunteers are not to disclose confidential information regarding YWCA residents, clients, volunteers and donors to any person outside of approved YWCA staff members and fellow volunteers.

Legal Action

1. Should a volunteer receive a subpoena in regards to their involvement with the YWCA, the volunteer should immediately inform the Shelter Manager.
2. Should a volunteer receive a request to provide legal testimony regarding YWCA clients, residents, volunteers or donors, the volunteer should immediately inform the Shelter Manager.

I understand that noncompliance with this policy may be the basis for disciplinary action up to and including termination from volunteer opportunities. I have read and agree to abide by this confidentiality policy.

Volunteer's Name (please print)

Volunteer's Signature

Date

DRUG – FREE WORKPLACE

The YWCA has a responsibility to its employees, its clients and the general public to establish and maintain a drug – free workplace. At all times, the YWCA intends to comply with the requirements set forth in (24-FCR 24.630) the Drug – Free Workplace Act of 1988.

The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is absolutely prohibited on YWCA premises or while engaged in YWCA activities or business. Further, an employee may not report to work under the influence of alcohol or illegal drugs or use such substances on the work site or during the workday. Employees are not prohibited from using legally prescribed medication as prescribed by a physician. Employees are responsible for notifying their supervisor if the prescribed medication will affect the employee’s ability to perform any function of their job. An employee shall not report to work if the drugs will impair her/his ability to perform the job.

Employees violating this policy will be subject to immediate disciplinary action and referred for criminal prosecution when violations involve illegal drugs. The type of disciplinary action taken will depend on the situation. Discipline may include termination, suspension without pay, probation status, or a combination of these measures.

All employees must abide by the terms of this policy as a condition of employment.

Any employees convicted of a violation of any criminal drug statute must, no later than five (5) days following conviction, notify her/his immediate supervisor. The supervisor must immediately notify the Executive Director/CEO.

A written copy of this policy will be given to each employee and each employee will be required to sign a statement, which indicates that, as a condition of employment, she/he will abide by the YWCA of Yakima Drug – Free Workplace Policy.

The YWCA will establish and maintain a drug – free awareness program to inform employees about the following:

- The dangers of drug abuse in the workplace.
- Drug treatment and rehabilitation programs available in the community and employee medical insurance coverage for such programs.
- The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

I have read, understand and agree to abide by the conditions stated.

Name

Position

Date

DRUG TESTING POLICY

The YWCA has the responsibility to maintain a safe, healthy and efficient work place for its employees, and to protect the organization's property, information, operations and reputation. Being under the influence of the drug or alcohol on the job poses serious safety and health risks to the user and to all those who work with the user. The YWCA recognizes its obligations to its member and clients for the provisions of services that are free of the influence of drugs and alcohol.

The YWCA may require drug testing under the following circumstances:

- A. When there is a reasonable suspicion to believe that an employee is under the influence of drugs and/or alcohol. A reasonable belief means a belief based on objective facts sufficient to lead a prudent person to conclude that a particular employee is unable to satisfactorily perform includes, but is not limited to, decrease in quality or quantity of the employee's productivity, judgment, reasoning, and marked changes in behavior and/or appearance. An employee who is tested in a "reasonable belief" situation may be suspended pending receipt of written tests results.

- B. When an employee is involved in on-the-job accidents where personal injury or damage to property occur.

An employee whose test is reported positive will be offered the opportunity to:

- A. Obtain an independent test , at the employee's expense, of the remaining portion of the urine specimen that yielded the positive result;

- B. Obtain the written test result and submit it to an independent medical review at the employee's expense.

During the period of an appeal and any resulting inquiries, the employment status of an employee may be suspended.

All information relating to drug or alcohol testing or identification of persons as users of drugs and alcohol will be protected by the YWCA as confidential unless otherwise required by law, overriding public health and safety concerns, or authorized in writing by the persons in question.

I have read, understand, and agree to abide by the conditions stated.

Name

Position

Date

DOMESTIC VIOLENCE POLICY

YWCA values all of its employees, and their safety and security are very important to the YWCA. YWCA will not tolerate threats, threatening behavior, harassment, stalking, or any other acts of violence against any of its employees, or any other persons on company property by anyone. Domestic violence is a criminal activity and it is YWCA's policy that arrest is presumed the most appropriate response.

Any individual who makes threats, stalks, displays threatening behavior, or commits violent acts on YWCA property shall be removed from the premises as quickly as safety permits, and law enforcement will be immediately contacted. YWCA will respond to the behavior based on the needs of the affected employee and to protect all other employees. The response may include, but is not limited to:

- a. Suspension or termination of an offending employee;
- b. Obtaining a retaining order;
- c. Altering the affected employee's work schedule, or providing them with needed time off;
- d. Referring the employee to the employee assistance program;
- e. Providing referrals to local domestic violence services;

No existing YWCA policy or procedure shall be construed to obstruct decisions to prevent a threat from being carried out, a violent act from occurring, or a life-threatening situation from developing.

All employees of the YWCA are responsible for notifying their supervisor or the Executive Director/CEO of any threats that have been personally observed, received, or has been told that another employee has observed or received at the workplace.

Employees are responsible for making this report regardless of the relationship between the individual who initiated the behavior and the person(s) who threatened or were the focus of the threatening behavior. The Executive Director/CEO or notified supervisor will document all threats, stalking, threatening behavior or violence acts, employee's concerns about their safety, as well as all measures taken to address those concerns.

All employees who apply for, or obtain, a domestic violence protection order or other restraining order which lists the YWCA's location(s) as being protected areas must provide to management representative a copy of the petition copy of the petition and any temporary protection or restraining order which is granted, as a copy of the final permanent protection or restraining order, so that appropriate security measures can be taken.

Any employee of YWCA arrested for, or issued a permanent injunction for an incident of domestic violence (either through self-reporting or through documentation), may be subject to immediate suspension without pay or termination. If not terminated, the employee shall meet with the Executive Director/CEO and be referred to the company's employee assistance program (EAP) for assessment. Based upon the recommendations of the EAP counselor, a possible referral to a state certified treatment program might be necessary. Referrals made to any program shall be noted in the employee's confidential medical file. It is the responsibility of the employee to occur all costs associated with participation in certified batterer's treatment program. To the extent possible, YWCA will make every effort to grant leave time or adjust an employee's work schedule for the purpose of contacting and/or arranging for services from a certified perpetrator's treatment program.

DOMESTIC VIOLENCE POLICY (CONTINUED)

YWCA understands the sensitivities of the information requested and has developed confidentiality procedures that recognized and respect the privacy of the reporting employee (s).

I have read, understand, and agree to abide by the conditions stated.

Name

Position

Date

eliminating racism empowering women ywca

YWCA Yakima T: 509-248-7796
818 W. Yakima Avenue F: 509-575-5398
Yakima, WA 98902 www.ywcayakima.org

CRIMINAL HISTORY RECORD AUTHORIZATION

Name _____
(First Middle Last)

Home Street Address _____

City _____ State _____ Zip _____

Other names by which known (e.g., maiden name) _____

Date of Birth _____ Place of Birth _____

Other States lived in _____

Do you have a current driver's license? Issuing State _____ License No. _____

Home Phone _____ Business Phone _____

Cell Phone _____

Please answer the following questions accordingly.

Have you ever been convicted of a crime?	YES	NO
Have you had findings made against you in any civil adjudicative proceeding?	YES	NO
Do you have both a conviction and findings made against you?	YES	NO

The YWCA Yakima shall notify the applicant of the response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

I authorize the YWCA Yakima to use this information to request a Criminal History Record as part of my application process for employment and/or volunteer opportunities within the company.

Signature of Applicant _____ Date _____