



**YOUTH SPORTS COACH
VOLUNTEER APPLICATION
YMCA of Pueblo**

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the youth who live in the Pueblo area.

You'll find questions on this form about your background, former residences, places of employment, and so on. We hope you'll understand that, unfortunately, there are a few people who apply for volunteer jobs at the YMCA for the wrong reasons. The YMCA, however, makes an active effort to prevent abuse. So even though we may know you well, we will conduct appropriate background and reference checks on all volunteer coaches. It's just one of many ways we help protect children and other vulnerable people served by the YMCA. Final acceptance as a volunteer is based on a criminal records check, reference checks, and application approval.

Thanks for your cooperation in this effort and your interest as a volunteer coach for the YMCA. If you have any questions about this or any part of our application process, please contact one of our main facilities at the above numbers.

Name: _____ Date: _____
(First) (Middle) (Last)

Social Security #: _____ Sex: _____ Race: _____ DOB: _____

Drivers License Number: _____ State: _____

Addresses for past 5 years: (list current address first, then work backwards)

1. Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

Day Phone: _____ Evening Phone: _____ Email: _____

2. Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

3. Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

4. Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

5. Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

Have you previously applied for employment here? Yes No

HAVE YOU EVER PLEADED GUILTY TO OR BEEN CONVICTED OF A CRIME EXCLUDING MINOR TRAFFIC VIOLATIONS?

Yes

No

If yes, give dates and circumstances.

COACHES CODE OF CONDUCT

1. In order to protect YMCA coaches and program participants, at no time during a YMCA program may a coach be alone with a single child where he or she cannot be observed by others.

2. Coaches shall never leave a child unsupervised.

3. Restroom supervision: Coaches must check restrooms prior to practice to ensure it is clean and is not occupied by unknown individuals. During practice, children should be sent in pairs (preferably threesomes) to the restroom - never send a child alone. If a coach is ever assisting a child, doors to the facility must remain open.

4. Coaches shall not abuse children including:

- Physical abuse—to strike, spank, shake, slap; Verbal abuse—to humiliate, degrade, threaten;
- Sexual abuse—to inappropriately touch or speak; Mental abuse—to shame, withhold kindness, be cruel;
- Neglect—to withhold food, water, basic care, etc.

No type of abuse will be tolerated and may be cause for immediate dismissal.

5. Coaches must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism.

6. Coaches will observe children at each practice or game and note any possible indicators of abuse. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.

7. Coaches will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.

8. Coaches will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Children are not to be touched on areas of their bodies that would be covered by a bathing suit.

9. Coaches will refrain from intimate displays of affection towards others in the presence of their teams and parents.

10. While the YMCA does not discriminate against an individual's lifestyle, it does require that while coaching, they will abide by the standards of conduct set forth by the YMCA.

11. Coaches must appear clean, neat, and appropriately attired.

12. Using, possessing, or being under the influence of alcohol or illegal drugs during practices or games is prohibited.

13. Smoking or use of tobacco in the presence of children or parents during practices or games is prohibited.

14. Profanity, inappropriate jokes, sharing intimate details of one's personal life and any kind of harassment is prohibited.

15. Coaches must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.

16. Coaches will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity. All coaches are expected to support the officials. Any negative comments or gestures towards an official will not be tolerated.

17. Coaches should not be alone with children on their teams or other teams associated with the YMCA. Any exception to this rule should be subject to administrator approval.

18. Coaches should not transport children in their own vehicles unless prior approval is given by the YMCA administrator.

19. Coaches should not date program participants under the age of 18 years of age.

20. Coaches should monitor the release of children on their teams to ensure a child is never left alone or picked up by a stranger.

21. Coaches are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject.

22. Coaches will act in a caring, honest, respectful and responsible manner.

I understand that any violation of this Coaches Code of Conduct may result in my dismissal.

Coaches Signature

Sports Director Signature

Date

TELEPHONE REFERENCE CHECK

Coach: Please list the following information in the **bolded** areas including name, and phone numbers. The YMCA requires at least three references to be listed for follow up by a YMCA staff person. Only 1 reference may be a personal reference. NO reference may be from a family member.

Name: _____ **Home Phone:** _____ **Work Phone:** _____
Reference checked by: _____ **Date:** _____

Please answer the following questions to the best of your knowledge:

- Applicant dependable? Yes No Good work ethic? Yes No
- Ever volunteer before? Yes No Would you recommend? Yes No
- Get along with others? Yes No Applicant good with kids? Yes No

Other
Comments: _____

Name: _____ **Home Phone:** _____ **Work Phone:** _____
Reference checked by: _____ **Date:** _____

Please answer the following questions to the best of your knowledge:

- Applicant dependable? Yes No Good work ethic? Yes No
- Ever volunteer before? Yes No Would you recommend? Yes No
- Get along with others? Yes No Applicant good with kids? Yes No

Other
Comments: _____

Name: _____ **Home Phone:** _____ **Work Phone:** _____
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Please answer the following questions to the best of your knowledge:

- Applicant dependable? Yes No Good work ethic? Yes No
- Ever volunteer before? Yes No Would you recommend? Yes No
- Get along with others? Yes No Applicant good with kids? Yes No

Other
Comments: _____

Public and Private Record Release

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to the Organization named below for employment or insurance eligibility purposes.

By signing below:

I authorize Organization to investigate and review driving, motor vehicle, criminal histories and related information periodically the duration of my employment or insurance relationship with the Organization;

I understand that my employment or insurance eligibility is contingent upon the Organization review of such information; and

I confirm that I have read and understand the attached Disclosure Statement.

Organization (Employer or Insurer): YMCA of Pueblo

_____ Signature	_____ Date	_____ Social Security Number (for CA MVR's Only)
_____ Printed Name (as it appears on driver license)	_____ Driver License Number	_____ State
_____ Birth Date – Month/Day/Year	_____ Circle Gender M or F	

IN GEORGIA ONLY: Notary required for all uses except insurance.

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20____ IN THE COUNTY OF _____
IN THE STATE OF _____ THE INDIVIDUAL NAMED ABOVE IS EITHER KNOWN TO ME
PERSONALLY, OR HAS PROVIDED _____ AS LEGAL PROOF OF IDENTITY.

NOTARY PUBLIC

MY COMMISSION EXPIRES

SEAL