



**HUNTERDON COUNTY YMCA**

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

Dear Prospective Volunteer,

Thank you for your interest in volunteering with the Hunterdon County Y! We are anxious to get you started. However, we do have some requirements that you will need to complete before beginning your volunteer service. Our volunteer packet of application forms follows this page. For volunteers age 14+ please also include a copy of a photo ID.

We take protecting the children in our programs very seriously here at the Y so before you begin volunteering we conduct a criminal background check on all candidates age 18 and older. All volunteers are also required to attend a Child Abuse Prevention training which is offered several times a month and takes place at one of our branches.

We know some of the forms take time to fill out, but we do appreciate your understanding of protecting our children.

If you have any questions please do not hesitate to contact me. I look forward to receiving your application.

Sincerely,

Kathy Martini  
Volunteer Program Administrator  
[kmartini@hcymca.org](mailto:kmartini@hcymca.org)  
908-236-7879, x14

**When you volunteer at the Y you are taking an active role in bringing about meaningful, enduring change right in your own neighborhood**

**Deer Path Branch**  
144 West Woodchurch Road  
Flemington, NJ 08822  
P 908-782-1030  
F 908-782-0871

**Round Valley Branch**  
1410 Route 22 West  
Annandale, NJ  
P 908-236-0055  
F 908-236-4187

**Administrative Office**  
1410 Route 22 West  
Annandale, NJ 08801  
P 908-236-7879  
F 908-236-7073

[www.hcymca.org](http://www.hcymca.org)

# HUNTERDON COUNTY YMCA VOLUNTEER APPLICATION

Return this application to: Volunteer Administrator, 1410 Rte. 22 West, Annandale, NJ 08801



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

The Hunterdon County YMCA is an equal opportunity employer. Prospective volunteers will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

## APPLICATION INSTRUCTIONS

Please note: **Incomplete applications cannot be processed.**

Please provide all information requested on the application:

1. Please print all information clearly in blue or black ink.
2. Complete all sections of the application and answer each question completely and accurately.
3. Read the Certification And Release carefully before you sign the application.
4. Sign and date the application where indicated.



**\*\*NOTICE TO APPLICANTS\*\***  
**The YMCA maintains a "Zero Tolerance" for child abuse and/or substance abuse.**

**Criminal background check and other federal or state screenings for child abuse will be conducted. Screening tests for alcohol and illegal drug use may be required before and during volunteering.**

## PERSONAL INFORMATION

Last Name	First	Middle	Date
-----------	-------	--------	------

Street Address	Home Phone (    )
----------------	-------------------

City, State, Zip	Cell Phone (    )
------------------	-------------------

Email Address	Business (    )
---------------	-----------------

Date of Birth:
----------------

Have you ever volunteered for the Hunterdon County YMCA before?  Yes  No

When \_\_\_\_\_ Location \_\_\_\_\_

Do you have any pending charges or have you ever pled guilty or been convicted of a crime, felony, disorderly persons offense, drunk driving offense or other violation of law? Do not include convictions that have been annulled, expunged or sealed by a court.  Yes  No

If yes, please explain & include dates, court name & location: \_\_\_\_\_

(Pending charges or a conviction will not necessarily disqualify an applicant from volunteering but will be considered in relation to the position sought).

Area in which you would like to volunteer:

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Child Care	<input type="checkbox"/> Preschools	<input type="checkbox"/> Other _____
<input type="checkbox"/> Art	<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Seniors	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Soccer	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Membership Desk	<input type="checkbox"/> Special Event	

Date Available: \_\_\_\_\_

Skills:

<input type="checkbox"/> Typing	<input type="checkbox"/> Photography	<input type="checkbox"/> Art
<input type="checkbox"/> Filing	<input type="checkbox"/> Crafts	<input type="checkbox"/> Other _____
<input type="checkbox"/> Computers	<input type="checkbox"/> Music	

**Availability:** Check off days & include times

_____ Mon	Hours _____	_____ Weds	Hours _____	_____ Fri	Hours _____
_____ Tues	Hours _____	_____ Thurs	Hours _____	_____ Sat	Hours _____
_____ Sun	Hours _____				

Emergency Contact: 1) Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_

2) Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_

How were you referred to the YMCA?  Employee  Advertisement  Drop-In  School  Web-Site  Other \_\_\_\_\_

Name of referral source indicated above \_\_\_\_\_



**CERTIFICATION / RELEASE** (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. **I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of volunteer service, or may result in a withdrawal of an offer of volunteer service, or may result in my discharge from volunteer service if I am already employed at the time the misrepresentation or omission is uncovered.** Initial \_\_\_\_\_

I authorize investigation of all statements contained in this application. I authorize the Hunterdon County YMCA (its authorized employees, agents or representatives hereafter referred to as HCYMCA) to secure information about my experience with former employers, education institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the HCYMCA (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, education institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising therefrom. I understand that, if accepted into volunteer service, my continued volunteer service is contingent upon the results of the investigation being acceptable in the sole discretion of the HCYMCA. Initial \_\_\_\_\_

I authorize the HCYMCA to supply my volunteer record, in whole or in part, and in confidence to any prospective employer, government agency, or any other party, with a legal and proper interest. Initial \_\_\_\_\_

***If I am offered volunteer service, I understand and agree that, if requested, I may be required to undergo a physical examination and that my offer of volunteer service may be conditioned by the examination. I agree to authorize release of all results or information obtained from such physical examinations.*** Initial \_\_\_\_\_

***I understand upon offer of volunteer service, the YMCA will conduct a criminal background check prior to and during my volunteer service as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing as well as post offer drug screening contingent on volunteer service. I recognize that the result of these tests may be used to determine my volunteer service or continued volunteer service.*** Initial \_\_\_\_\_

***I am not a child molester, abuser or pedophile, and have not been accused of being a molester, abuser or pedophile.*** Initial \_\_\_\_\_

I understand and expressly agree that, if accepted into volunteer service by the HCYMCA, storage areas provided for me (locker, desk, etc.) are open to investigation by the HCYMCA without prior notice to me. Initial \_\_\_\_\_

I consent that photographs that may be taken of me by the HCYMCA are property of the HCYMCA and may be reproduced as the YMCA desires, free from any claim on my part. Initial \_\_\_\_\_

***I certify that, if accepted into volunteer service, I will abide by all rules and regulations of the HCYMCA. I understand that, if accepted into volunteer service, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the HCYMCA at its discretion except that the HCYMCA will not modify its policy of employment-at-will in any case.*** Initial \_\_\_\_\_

I understand that completion of this volunteer application does not guarantee me status as a volunteer or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for volunteer service, it may be necessary to reapply and fill out a new application. Initial \_\_\_\_\_

I certify that I have read the above statements and accept the same as a condition of my consideration for volunteer service with the HCYMCA. ***Do not sign until you have read and initialed the above statements.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent if applicant is under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

**FOR VOLUNTEER COORDINATOR USE ONLY:**

Date Received \_\_\_\_\_ Date Contacted \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF APPLICANT

In the Hunterdon County YMCA's efforts to attract the highest quality staff, I have been advised that as a part of the application process for volunteer service with the YMCA, an extensive inquiry will be made concerning my prior volunteer , activities, character and health, and I fully consent to and authorize all such inquiries.

In the event of my volunteer service by the Hunterdon County YMCA, I will comply with all policies set forth in the Employee Handbook and with other policies established from time to time by the Association. I authorize the YMCA to request my employment record from any former employer(s). I further understand that inquiries may be made concerning my background, experience and prior employment. I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued volunteer service may be contingent upon a physician's statement showing me to be in good health and a clean criminal history background check.

I understand that it is this Association's option to secure conviction criminal history information as a part of the volunteer service screening process. I have provided the following information for the sole purpose of obtaining a criminal history file search. I understand that the Hunterdon County YMCA does not condone child abusers and that, as a part of this investigation, the Hunterdon County YMCA will be seeking information in my background related to child abuse.

Name \_\_\_\_\_  
Last First Middle

Maiden name/names previously used \_\_\_\_\_

I certify that all statements made by me on this application are true to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for volunteer service or, after volunteer service, may be cause for termination of volunteer service with the YMCA.

I understand that the YMCA will take any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation. I also understand that, if hired as a YMCA employee or volunteer, I am not allowed to fraternize with YMCA youth members or participants outside of YMCA programs, especially babysitting or inviting children to my home.

I understand that the YMCA follows the Character Development values of Caring, Honesty, Respect & Responsibility and that, if hired, I will be expected to display and uphold these values during my volunteer service with the YMCA.

I understand and agree that, if I am accepted as a volunteer, there is no contract period for volunteer service and my volunteer service would be solely an "volunteer service at will" giving either me or the YMCA the right to terminate my volunteer service at any time for any reason without liability or obligation except for my regular pay through the date of termination.

I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.

## ADDRESSES (Please list present and ALL previous addresses - continue on next page if needed)

\_\_\_\_\_  
Present Street Address

From:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

**ADDRESSES** (Please list ALL previous addresses - continued from previous page)

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Previous Street Address

From:

To:

Mo \_\_\_\_\_ Yr \_\_\_\_\_

Mo \_\_\_\_\_ Yr \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip



HUNTERDON COUNTY YMCA

FOR YOUTH DEVELOPMENT  
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FOR SOCIAL RESPONSIBILITY

## VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

**Volunteer Terms:** I understand the Y does not provide insurance and related benefits to volunteers. As an example, there are no insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability or other coverage. The Y does not offer free membership to volunteers. Volunteers may not trade their time for free to reduced cost in program participation.

**Property Loss:** I understand the Y is not responsible for my personal property lost, damaged or stolen while participating in Y volunteer activities.

**Auto Loss:** I understand that if I am approved to drive my vehicle on behalf of the Y for a program event, my auto insurance is primary for any non-Y owned vehicles. If I pull a YMCA trailer, my auto policy is primary for any *liability* resulting from the transporting of the trailer. The YMCA's auto policy provides only *physical damage coverage* to the trailer in the event of a loss to the trailer.

**Medical Treatment:** I give permission for Y representatives to provide or arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I understand the Y is not responsible for payment of medical treatment if deemed necessary by a physician.

**Photography Permission:** I give permission for the Y to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret Y programs. I understand that any photo taken of me during my volunteer work may be used in future promotional materials.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release the Y, its agents, directors, consultants, other volunteers and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me from participation as a volunteer.

**I have read the above *Participation and Release from Liability* document and being fully aware of the matters contained in it, I still desire consideration as a volunteer for the Hunterdon County YMCA.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Deer Path Branch  
144 West Woodschurch Road  
Flemington, NJ 08822  
P 908-782-1030  
F 908-782-0871

Round Valley Branch  
1410 Route 22 West  
Annandale, NJ  
P 908-236-0055  
F 908-236-4187

Administrative Office  
1410 Route 22 West  
Annandale, NJ 08801  
P 908-236-7879  
F 908-236-7073



## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety and security of our customers, employees and property, HUNTERDON COUNTY YMCA (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached at 800-367-5933.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 908-236-7879. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

### **STATE SPECIFIC NOTICES**

If you live or work for the Company in the states listed below, please note the following:

**CALIFORNIA:** You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. A copy of Article 23A of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**FOR IDENTIFICATION PURPOSES ONLY:** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Addresses within the Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date: (Month/Day/Year)

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**NEW YORK CORRECTION LAW**  
**ARTICLE 23-A**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.**

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



## CODE OF CONDUCT

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person and/or volunteer be alone with a single child where he or she cannot be observed by others. As staff and/or volunteers supervise children, they should space themselves in such a way that other staff and/or volunteers can see them.
2. Staff and/or volunteers shall never leave a child unsupervised.
3. Rest room supervision: Staff will make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the rest room while children are using the rest room. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip or at other off-site location. Always send children in threes (known as the rule of three) and, whenever possible, with staff and/or volunteers.
4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children in any way, including
  - physical abuse—striking, spanking, shaking, slapping; and so on;
  - verbal abuse—humiliating, degrading, threatening; and so on;
  - sexual abuse—touching or speaking inappropriately;
  - mental abuse—shaming, withholding kindness, being cruel, and so on; or
  - neglect—withholding food, water, or basic care.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff and/or volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff and/or 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 (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
7. Staff and/or volunteers will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns, and so on. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks will be documented.
8. Staff and/or volunteers will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Staff and/or volunteers will respect children's rights to not be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering or as required by safe instructional methods, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff and/or volunteers will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
11. Staff and/or volunteers are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
12. Staff and/or volunteers must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.

14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Possession or use of any type of weapon or explosive device is prohibited.
16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
17. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
18. YMCA staff and/or volunteers will not initiate contact with or exchange personal information with participant children unless necessary for the smooth operation of a YMCA program or activity. When deemed necessary, contact should be made with the child's parent or guardian. Staff and/or volunteers will not accept supervisory responsibility for participant children outside of approved YMCA programs or activities. Staff and/or volunteers may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
19. Staff and/or volunteers 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.
20. Staff and/or volunteers will portray a positive role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
21. Staff and/or volunteers should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
22. Staff and/or volunteers may not date program participants who are under the age of 18.
23. Under no circumstances should staff and/or 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).
24. Staff and/or volunteers who, in the course of their work, have access to confidential or proprietary information have an obligation not to disclose that information to other employees, volunteers, members or other persons within or outside the Association.
25. Staff and/or volunteers are to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
26. Staff and/or 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.
27. Staff and/or volunteers will display and uphold the Character Development values of Caring, Honesty, Respect and Responsibility, as consistent with the Mission of the YMCA, by leading by example and incorporating the values in their programs and positions.

**I understand that any violation of this Code of Conduct may result in termination.**

**Employee Name (please print)** \_\_\_\_\_

\_\_\_\_\_  
**Employee or volunteer signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**YMCA representative signature**

\_\_\_\_\_  
**Date**



## CODE OF CONDUCT FOR PERSONAL WEB SITES AND WEB LOGS

Families entrust their children to the YMCA's care for child care, camp and other youth programs. Our promise to these families is that we will provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way. Our mission commands us to "build a healthy spirit, mind and body for all."

It is every staff member's responsibility to deliver on this promise and to project and further the mission. This includes all dealings with the community; inside and outside of our workplace and both on and off duty. Y staff members should avoid any inappropriate speech or behavior in the presence of our community members at all times. No one should have reason to be offended or embarrassed by YMCA staff's speech, appearance or conduct.

The YMCA's **Code of Conduct** and personnel policies detail the Y's expectations and your responsibilities as a staff member; however the advent of Personal Web Sites, Web Logs & other interactive sites (such as myspace.com, facebook.com, friendster, YouTube to name a few) as well as other uses of technology have increased our exposure and the risks to our reputation. For this reason, the YMCA has developed these standards for behavior in virtual public forums.

Your telephone answering message, your website, your e-mail address, text messages & other means of communication are all accessible to the community-at-large. Therefore, they must be consistent with the YMCA's mission and philosophies.

*If you choose to post a Personal Website, to participate in Web-groups or Blogs, please note the following policies:*

- 1) The use of photos, logos or images of the YMCA or its programs is prohibited. If you use the YMCA's name (including names of camps or other programs, or facilities) in any such communication, you should be especially careful to support and certainly not to harm or ridicule the YMCA's image or mission.
- 2) Staff must uphold the YMCA's value of respect for the individual and avoid making defamatory statements about YMCA employees, members/participants, clients, partners, affiliates and others, including competitors.
- 3) Make it clear to the readers that the views expressed are yours alone and that they do not necessarily reflect the views of the YMCA.
- 4) Do not disclose any information that is confidential or proprietary to the YMCA or to any third party that has disclosed information to the Y. Consult the YMCA's confidentiality policy for guidance about what constitutes confidential information.
- 5) Staff should promote the core values of caring, honesty, respect and responsibility in their speech and behavior at the YMCA, with the community and in any public forum.
- 6) The YMCA Code of Conduct requires that staff do not initiate outside contact with members or program participants who are minors. Under no circumstances should an employee encourage access or provide access information to his or her personal website or blog to a member or program participant.

Of course, the YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private. Staff need to use good judgment and discretion. If you want something to be private, do not expose it to public access. If you or your words are in public, make sure they are not interfering with your role at the YMCA.

The YMCA will be communicating with parents and participants about our **Code of Conduct** as well as educating members about the potential threats posed by these social networking sites. We will also be monitoring various sites and responding to complaints made by parents, youth, prospects, etc. As with any breach of YMCA policies, consequences for substantiated violations will be imposed. Please sign and date as indication of your receipt of these guidelines.

I have read the above information and understand that any violation of this Code of Conduct may result in termination.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date