



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metropolitan Milwaukee
Camp SOUL Volunteer Application
 (supporting others, understanding loss)

Thank you for your interest in volunteering for Camp SOUL. We are incredibly humbled by the opportunity to serve a wonderful group of children in a very difficult time in their lives. It is our intention to bring together a group of caring, empathetic adults who will facilitate a fun, emotionally safe and enjoyable weekend for each child. To this end, we hope you will take a moment to share with us a little more about yourself and your interest in being involved with this impactful endeavor.

VOLUNTEER PROFILE

Personal Information				
Last Name:	_____	First Name:	_____	
Address:	Number & Street	Apt. #	City	State Postal Code
Phone: (H):	_____	(W):	_____	Cell: _____ E-mail: _____
Emergency Contact:	_____			
Are you 18 years of age or older? Y N				

Previous Work / Volunteer Experiences

Have you previously volunteered or worked with the Y? Yes No

Have you previously volunteered with other organizations? Yes No

Where: _____ Dates _____ Paid Unpaid

Where: _____ Dates _____ Paid Unpaid

Where: _____ Dates _____ Paid Unpaid

Current/Previous Employment:

Organization / Employer:	Location:	Dates:

References

Please list three references that have known you for at least three years whom you authorize for contact (one may be a family member)

Name:	Phone Number:	Relationship:

VOLUNTEER INFORMATION

How did you learn about Camp SOUL? _____

Why are you interested in volunteering? _____

What are your expectations of the weekend? _____

Describe your experiences with youth _____

Describe your experiences with loss and grieving _____

Has it been more than one year since you have personally experienced a significant loss in your life? Do you feel that you will be able to be emotionally available to others experiencing loss throughout the weekend? _____

Which participants would you feel most comfortable spending time with?

7-9 years

10-12 year

13-15 years

Are you willing to spend the full weekend at camp including:

- Friday, October 21-Volunteer training beginning at 5pm, volunteers will spend the night at camp in cabins (full heat, indoor bathrooms and showers)
- Saturday, October 22-Camp begins at 9am, all volunteers will stay in camp cabins with campers on Saturday night.
- Sunday, October 23-Camp ends Sunday with campers departing before lunch. Clean up and Camp SOUL evaluation to follow with volunteers wrapping up no later than 2pm.

Do you have any special requirements (dietary, medical conditions) that we should be aware of?

Who should we contact in case of an emergency?

Name Phone Relationship

STATEMENT OF VOLUNTEER AGREEMENT

A Y Volunteer is defined as anyone who willingly gives time and service to help the Y accomplish its mission without receiving compensation or special privileges of any kind from the YMCA of Metropolitan Milwaukee.

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 my service begins, may be cause for ending my service.

In the YMCA of Metropolitan Milwaukee's efforts to attract the highest quality volunteer staff, I have been advised that, as part of the application process for volunteer service with the Y, an extensive inquiry will be made concerning my prior employment, character, and any applicable criminal background checks, and I fully consent to and authorize all such inquires.

If the YMCA of Metropolitan Milwaukee accepts my volunteer service, I will comply with all policies set forth in the volunteer handbook and with other policies established by the organization. I authorize the Y 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 it is made with my consent and it is in my interest that I be considered for volunteer service. I understand that my continued involvement as a volunteer is contingent upon a criminal history background check.

I understand that it is the Y's policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the Y's obtaining a conviction-only criminal history file search. I understand that the YMCA of Metropolitan Milwaukee does not tolerate child abusers and that the YMCA of Metropolitan Milwaukee will be seeking information in my background related to child abuse.

Name (last, first, middle): _____
Names previously used/name before marriage: _____
Previous Address (if less than 6 months resident at current address): _____
Date of Birth: _____ Social Security Number: _____
Have you ever been convicted of a crime (felony or misdemeanor) and/or do you have a criminal case pending? Yes No
If yes, explain the nature of the crime(s), dates of conviction(s), and state(s) in which convicted. _____

I understand that the YMCA of Metropolitan Milwaukee will take seriously any allegations or suspicions of child abuse and will report such allegations to the police and state agencies for investigation. I also understand that the Y strongly discourages any fraternization outside Y programs between volunteer staff members and youth participants. I understand that if a volunteer wishes to fraternize due to a family relationship or longstanding friendship with a participant or the participant's family, such fraternization should be disclosed to the volunteer's immediate supervisor. Furthermore, it should not take place without the presence of another adult.

I understand that written approval of such fraternization must be obtained from the supervisor or another Y representative. All other personal contact between volunteer staff members and youth participants is prohibited.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for the volunteer service and my volunteer service would be solely "at will", giving either me or the Y the right to terminate my volunteer service at any time without liability or obligation.

Finally, I understand that that the Y does not discriminate based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, age or other legally protected status.

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

Signature of Applicant: _____ Date: _____



**FOR YOUTH DEVELOPMENT
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The YMCA of Metropolitan Milwaukee (the Y) advocates a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food or restroom privileges, confining children in small locked rooms or verbal emotional abuse.

Affectionate touch, and the warm feeling it brings, is an important factor in helping a child grow into a loving and peaceful adult. However, Y volunteers need to be sensitive to each person's need for personal space (i.e. not everyone wants to be hugged). The Y encourages appropriate touch; however at the same time it prohibits inappropriate touch or other means of sexually exploiting children.

Volunteers may not engage in unnecessary communication (includes email, website blogs, etc.) or be alone with children they meet in Y programs outside the Y. This includes babysitting, sleepovers and inviting children to your home unless one of the following exists:

- You and the child's family or custodian has a relationship that predates the commencement of your volunteer work at the Y.
- You and the child's family or custodian has a relationship that predates the child's enrollment in a Y program.
- You and the child, the child's family or the child's custodian are related.

Please initial each statement below

____ I have read and agree to abide by the child abuse and neglect policy described above.

____ I understand that I am a volunteer for a non-profit social service agency and that I am donating my time/service to the YMCA of Metropolitan Milwaukee. As a volunteer, I understand that I will not receive any compensation, benefits or exchange of privileges in return for my service.

____ I understand that reimbursement for any personal expenses or auto use related to this position shall not be provided unless clearly agreed upon in advance.

____ I further understand that if I am injured while working as a volunteer for the Y, general liability insurance may be the sole and exclusive remedy for any such injury.

____ I understand that failure to perform my assigned duties or follow Y policies, practices and/or the Volunteer Handbook, may result in the termination of the volunteer relationship. I further understand that either the Y or I can sever the volunteer relationship at any time with or without notice or cause.

____ In consideration of the publicity benefits to me and of my involvement by the YMCA of Metropolitan Milwaukee, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the YMCA of Metropolitan Milwaukee harmless from any liability arising from the use of my likeness, voice, or name in conjunction with this agreement.

Please sign below to indicate your agreement to each statement above.

Volunteer _____ / _____ / _____
(Print Name) (Signature) (Date)

Sponsor _____ / _____ / _____
(Print Name) (Signature) (Date)

Please contact Jen Feltz at jfeltz@ymcamke.org or 262-626-2149 with any questions. Return completed application form to: Camp SOUL c/o YMCA Camp Matawa Business Office, 875 Amy Belle Road, Hubertus, WI 53033