



## Washington County Family YMCA Volunteer Application

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Sex: Male ☐ Female ☐ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Are you under the age of 18 years? NO: ☐ YES: ☐

Are you a YMCA member? NO: ☐ YES: ☐

### VOLUNTEER AREA OF INTEREST

☐ Child Watch/Preschool

☐ Youth Sports Coach

☐ Fundraising

☐ Events

☐ Membership Desk

☐ Facility Maintenance

☐ Mentoring

☐ Summer Day Camp

☐ Other: \_\_\_\_\_

☐ Committee Volunteer (see Member Engagement Director for more info)

Why are you interested in volunteering with the YMCA?

\_\_\_\_\_

What is your availability (days, times, evenings, weekends, etc.)? Please be specific:

\_\_\_\_\_

### PERSONAL REFERENCE

Please provide three personal adult references that have known you for at least 2 years and is not a relative

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

### CRIMINAL HISTORY

Have you ever been criminally convicted of a felony? NO: ☐ YES: ☐ IF YES, please explain:

\_\_\_\_\_

Have you every been criminally convicted for child abuse or sex-related crimes? NO: ☐ YES: ☐

ALL VOLUNTEERS ARE SUBJECT TO CRIMINAL HISTORY CHECKS AND SEXUAL OFFENDER REGISTRY CHECKS

Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if volunteer is under 18 years)

#### STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will receive school credit for your service? NO: ☐ YES: ☐

IF YES, Name of School: Are you interested in service-learning opportunities? NO: ☐ YES: ☐

Number of hours needed: \_\_\_\_\_ Deadline to complete hours: \_\_\_\_\_

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#### COMMUNITY SERVICE WORKERS

Are you looking to complete Court Ordered Community Service Hours? NO: ☐ YES: ☐

IF YES, Offense: \_\_\_\_\_ Number of hours needed: \_\_\_\_\_ Deadline to complete hours: \_\_\_\_\_

Parole/Probation Officer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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*Our Mission is to put Christian principles into practice through programs that build a healthy spirit, mind and body for all.*

#### **For YMCA use:**

- |                                                    |                                                   |                                                                  |
|----------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Reference Check           | <input type="checkbox"/> Background Check         | <input type="checkbox"/> CPS Check                               |
| <input type="checkbox"/> Driver's License/Photo ID | <input type="checkbox"/> Volunteer Code of Ethics | <input type="checkbox"/> Coaches Code of Conduct (if applicable) |
| <input type="checkbox"/> Release Agreement         | <input type="checkbox"/> SOR Check                | <input type="checkbox"/> Staff Initials & Date _____             |



# INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R7 / 6-18) / CW 2128  
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

\* **PLEASE NOTE:** This search will be completed and results returned based on the following information provided by the applicant using the Indiana DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15

## SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION

|                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                    |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|--------------------------------------------------------------|
| 1. Legal first name of applicant                                                                                                                                                                                                                                                                                                                                                                    |  | Legal middle name of applicant (If none, indicate "no middle")     | Last name of applicant                                       |
| 2. Reason for history check (check all that apply) *<br><input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____                                                                                  |  |                                                                    |                                                              |
| 3. Type of requesting organization<br><input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____<br><input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____<br><input checked="" type="checkbox"/> Other (insert name of requestor) <u>Washington County Family YMCA</u> |  |                                                                    |                                                              |
| 4. Name of contact person for organization<br><b>Kristy Purlee</b>                                                                                                                                                                                                                                                                                                                                  |  | 5. Telephone number (include area code)<br><b>( 812 ) 883-9622</b> | 6. Fax number (include area code)<br><b>( 812 ) 883-5374</b> |
| 7. Mailing address of organization (number and street, city, state, and ZIP code)<br><b>1709 N Shelby Street, Salem, Indiana 47167</b>                                                                                                                                                                                                                                                              |  |                                                                    | 8. E-mail address of requestor<br><b>kristy@wcfymca.org</b>  |

## SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. **This authorization is valid for sixty (60) days from the date of consent below.**

|                                                                                                                                                                                                                                                                                                                                 |                   |                                             |                                                       |                                                                                                          |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------|
| 9. Signature of applicant or applicant's legal representative                                                                                                                                                                                                                                                                   |                   | 10. Relationship to applicant               | 11. Date signed (mm/dd/yyyy)                          | 12. Gender of applicant<br><input type="checkbox"/> Male <input type="checkbox"/> Female                 |                   |
| 13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)                                                                                                                                                                                                                                    |                   | 14. Date of birth of applicant (mm/dd/yyyy) |                                                       | 15. Race of applicant                                                                                    |                   |
| 16. Current residential address of applicant (number and street, city, state, and ZIP code)                                                                                                                                                                                                                                     |                   |                                             |                                                       | 17. Last four digits of applicant's Social Security Number<br>(List all numbers ever used.) XXX-XX-_____ |                   |
| 18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary). |                   |                                             |                                                       |                                                                                                          |                   |
| <b>County</b>                                                                                                                                                                                                                                                                                                                   | <b>Year Began</b> | <b>Year Ended</b>                           | <b>County</b>                                         | <b>Year Began</b>                                                                                        | <b>Year Ended</b> |
| Example - XYZ County                                                                                                                                                                                                                                                                                                            | 02/1992           | Current                                     | 18c.                                                  |                                                                                                          |                   |
| 18a.                                                                                                                                                                                                                                                                                                                            |                   |                                             | 18d.                                                  |                                                                                                          |                   |
| 18b.                                                                                                                                                                                                                                                                                                                            |                   |                                             | 18e.                                                  |                                                                                                          |                   |
| 19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If yes, complete 19a through 19e.<br/>If no, please stop.</span>                                             |                   |                                             |                                                       |                                                                                                          |                   |
| Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.                                                  |                   |                                             |                                                       |                                                                                                          |                   |
| 19a. Maiden name (if ever married) (first, middle, and last name)                                                                                                                                                                                                                                                               |                   |                                             | 19b. Other last name(s)                               |                                                                                                          |                   |
| 19c. Nickname or shortened first name                                                                                                                                                                                                                                                                                           |                   |                                             | 19d. Pre-adoptive name or other alias name / how used |                                                                                                          |                   |
| 19e. Other alias name / how used                                                                                                                                                                                                                                                                                                |                   |                                             |                                                       |                                                                                                          |                   |

## SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete questions 20 - 26.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                         |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | If yes, was there ever any negative action taken on the foster care application or license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                         |                       |
| 21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                         |                       |
| * If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit <a href="http://www.in.gov/dcs/">www.in.gov/dcs/</a> and click on Contact Us / Local DCS Offices. If the involvement is the "Central Office," e-mail <a href="mailto:institutions@dcsc.in.gov">institutions@dcsc.in.gov</a> . |  |                                                                                                                                                         |                       |
| 22. Signature of staff member completing check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 23. Title of staff member completing check                                                                                                              | 24. Date (mm/dd/yyyy) |
| 25. Printed name of staff member completing check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 26. Indiana Department of Child Service office completing check<br>County Local Office                                                                  |                       |





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## VOLUNTEER CODE OF ETHICS AND POLICIES

1. Smoking or use of tobacco products in the YMCA programs or on YMCA property is prohibited.
2. Using, possessing or being under the influence of alcohol or illegal drugs **WILL NOT BE TOLERATED!**
3. Any form of abuse of children **WILL NOT BE TOLERATED** including:
  - Physical Abuse: strike, spank, shake, or slap
  - Verbal Abuse: humiliate, degrade, or threaten
  - Sexual Abuse: including inappropriate touching and exposure
  - Mental Abuse (Self Esteem): comparison, or criticism
4. Volunteers must treat everyone of all races and religions with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism.
6. Volunteers shall abstain from humiliating or frightening discipline techniques.
7. Volunteers shall not use profanity in the presence of children or parents.
8. Volunteers shall refrain from intimate displays of affection toward others in the presence of children, parents and staff.
9. Volunteers must be free of physical and psychological conditions that might adversely affect others.
10. Volunteers will do everything in their power to avoid being put in a situation where they are alone with a Y child other than their own.
11. Volunteers will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact and maturity.
12. I understand that allegations or suspicions of child abuse are taken seriously by the YMCA and will be reported to the Children's Services for investigations and will pursue the prosecution of child abusers to the full extent under the laws of this State.

I understand that any violation of the Volunteer Code of Ethics and Policies may be grounds for removal as a volunteer. I have been informed of the YMCA's position regarding criminal background checks and child abuse. Being fully aware of the matters contained therein, I still desire consideration as a volunteer for the YMCA.

Volunteer Signature: \_\_\_\_\_

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





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## **CHILD ABUSE PREVENTION POLICY AND PROCEDURES FOR STAFF AND VOLUNTEERS**

### **Staff/Volunteer Abuse/Mistreatment of Youth**

The Washington County Family YMCA will not tolerate the mistreatment or abuse of youths in its programs. Any mistreatment or abuse by a staff member or volunteer will result in disciplinary action, up to and including termination of employment or volunteer service.

### **Staff/Volunteer Appropriate/Inappropriate Interactions**

#### **Physical:**

The YMCA's physical contact policy promotes a positive, nurturing environment while protecting youth and staff. We encourage appropriate physical contact with youth and prohibit inappropriate displays of physical contact. Any inappropriate physical contact by staff towards youth in YMCA programming will result in disciplinary action, up to and including termination of employment.

The Washington County Family YMCA's policies for appropriate and inappropriate physical interactions are:

| <b><i>Appropriate Physical Interactions</i></b>                                                                                                                                                                                                                                                                                                                                                                                                   | <b><i>Inappropriate Physical Interactions</i></b>                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Side hugs</li><li>• Shoulder-to-shoulder or "temple" hugs</li><li>• Pats on the shoulder or back</li><li>• Handshakes</li><li>• High-fives and hand slapping</li><li>• Verbal praise</li><li>• Pats on the head when culturally appropriate</li><li>• Touching hands, shoulders, and arms</li><li>• Arms around shoulders</li><li>• Holding hands (with young children in escorting situations)</li></ul> | <ul style="list-style-type: none"><li>• Full-frontal hugs</li><li>• Kisses</li><li>• Showing affection in isolated area</li><li>• Lap sitting- for children over the age of 7</li><li>• Wrestling</li><li>• Piggyback rides</li><li>• Tickling</li><li>• Allowing a youth to cling to an employee's or volunteer's leg</li><li>• Any type of massage given by or to a youth</li></ul> |



|                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>*assisting with bathroom for children younger than 7 and lifeguarding/assisting with swim or tumbling lessons requires more physical contact than other programs. Use discretion, there should never be any touch of a child's bottom, chest or genitals. When assisting in a physical environment, keep your hands in clear line of site so onlookers can see appropriate touch.</p> | <ul style="list-style-type: none"> <li>• Any form of affection that is unwanted by the youth or the staff or volunteer</li> <li>• Compliments relating to physique or body development</li> <li>• Touching bottom, chest, or genital areas</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### **Verbal:**

Along with Physical Interactions, The YMCA prohibits staff and volunteers from speaking to youth in a way that is, or could be construed by any observer, as harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning, or humiliating. Staff and volunteers **must not** initiate sexually oriented conversations with youth. Staff and volunteers are not permitted to discuss their own sexual activities with youth.

Our organization's policies for appropriate and inappropriate verbal interactions are:

| <i><b>Appropriate Verbal Interactions</b></i>                                                                                                      | <i><b>Inappropriate Verbal Interactions</b></i>                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Positive reinforcement</li> <li>• Appropriate jokes</li> <li>• Encouragement</li> <li>• Praise</li> </ul> | <ul style="list-style-type: none"> <li>• Name-calling</li> <li>• Discussing sexual encounters or in any way involving youth in the personal problems or issues of staff and volunteers</li> <li>• Secrets</li> <li>• Cursing</li> <li>• Off-color or sexual jokes</li> <li>• Shaming</li> <li>• Belittling</li> <li>• Derogatory remarks</li> <li>• Harsh language that may frighten, threaten or humiliate youth</li> <li>• Derogatory remarks about the youth or his/her family</li> </ul> |

### **Managing the Risk When One Staff Member is alone with One Youth**

At the Washington County Family YMCA, at no time (if preventable) should a staff member be alone with one child. Ideas to minimize this from happening: having 2 staff members in programming at all times, one staff member may take 2 children to run an errand away from the programming space, parent/guardian should stay present for coaching/tutoring or programming. If an emergency arises and a one-on-one interaction must occur, try and leave the staff member with the youth. If an emergency arises and a one-on-one interaction must occur a staff member should be left alone with the child at all cost. Staff and



Volunteers should observe the following additional guidelines to manage the risk of abuse or false allegations of abuse:

***Additional Guidelines for One-on-One Interactions***

- Move to a public place where you are in full view of others. (i.e. YMCA lobby, take an activity up near the front desk, etc...)
- Avoid physical affection that can be misinterpreted. Limit affection to pats on the shoulder, high-fives, and handshakes.
- If meeting in a room or office, leave the door open or move to an area that can be easily observed by others passing by.
- Inform other staff and volunteers that you are alone with a youth and ask them to randomly drop in.
- Document and immediately report any unusual incidents, including disclosures of abuse or maltreatment, behavior problems and how they were handled, injuries, or any interactions that might be misinterpreted.

**Tutoring/ Private Coaching**

One-on-one situations, such as tutoring and private coaching sessions, introduce additional risks for false allegations. Staff and volunteers should be aware of our policies regarding tutoring and private coaching:

1. Staff and volunteers must have supervisor approval for any tutoring or private coaching sessions.
2. Tutoring and coaching sessions with our organization's youth may not occur outside of the organization.
3. Supervisors must keep a schedule of private tutoring and coaching sessions, which should include times, youth involved, and location of sessions.
4. A parent or guardian must stay present in the program room/area during the tutoring/coaching session.

**Managing Interactions between Staff and Youth Outside of Regularly Scheduled Program Activities**

Our organization prohibits interactions outside of regularly scheduled program activities unless approved by the CEO or Youth First Director. Outside interactions include, but are not limited to: babysitting, private coaching (not approved by YMCA), transporting children to and from programming or other locations, etc...

In cases where staff and youth are related or know each other outside of the YMCA, speak with the CEO or Youth First Director.

**Electronic Communication between Staff/Volunteers and Youth**

Any private electronic communication between staff and youth, including the use of social networking websites like - Facebook, Instagram, Snapchat, instant messaging, texting, etc. - is prohibited. If a youth participant contacts you via any form of electronic communication and they do not adhere to policy of including a supervisor or parent/guardian in communication, contact your supervisor immediately.

All communication between staff and youth must be transparent. The following are examples of appropriate and inappropriate electronic communication.

| <i><b>Appropriate Electronic Communication</b></i>                                                                                                                                                                                                                                                                                                               | <i><b>Inappropriate Electronic Communication</b></i>                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Sending and replying to emails and text messages from youth ONLY when copying in a supervisor or the youth's parent</li> <li>• Communicating through "organization group pages" on Facebook or other approved public forums</li> <li>• "Private" profiles for staff and volunteers which youth cannot access</li> </ul> | <ul style="list-style-type: none"> <li>• Harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning or humiliating comments</li> <li>• Sexually oriented conversations</li> <li>• Private messages between staff and volunteers with youth</li> <li>• Posting pictures of organization participants on social media sites</li> <li>• Posting inappropriate comments on pictures</li> <li>• "Friending" participants on social networking sites</li> </ul> |

#### **Staff/Volunteer Computer/Electronic Usage at the YMCA**

The YMCA to assist staff in obtaining work-related data and technology provides internet access to global electronic information resources on the World Wide Web. The following guidelines have been established to help ensure responsible and productive Internet usage. While Internet usage is intended for job-related activities, incidental and occasional brief personal use is permitted within reasonable limits.

The equipment, services, and technology provide to access the Internet remain at all times the property of the YMCA. As such, the YMCA reserves the right to monitor Internet traffic, and retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex religious, or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited. As a general rule, if a staff/volunteer did not create material, does not own the rights to it, or has not gotten authorization for its use, it should not be put on the Internet. Staff are also responsible for ensuring that the person sending any material over the Internet has the appropriate distribution rights.

Internet users should take the necessary anti-virus precautions before downloading or copying any file from the internet. All downloaded files are to be checked for viruses; all compressed files are to be checked before and after decompression.

Abuse of the Internet access provided by the YMCA in violation of law or YMCA policies will result in disciplinary action, up to and including termination of employment.

Staff/employees may also be held personally liable for any violations of this policy. The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary actions:

- Sending or posting discriminatory, harassing, or threatening messages or images;
- Using the organization's time and resources for personal gain;
- Stealing, using, or disclosing someone else's code or password without authorization;
- Copying, pirating, or downloading software and electronic files without permission;
- Sending or posting confidential material, trade secrets, or proprietary information outside of the organization;
- Violating copyright law
- Failing to observe licensing agreements;
- Engaging in unauthorized transactions that may create a cost to the organization or initiate unwanted Internet services or transmissions;
- Sending or posting messages or material that could damage the organization's image or reputation;
- Participating in the viewing or exchange of pornography or obscene materials;
- Sending or posting messages that defame or slander other individuals;
- Attempting to break into the computer system of another organization or person;
- Refusing to cooperate with a security investigation;
- Sending or posting chain letters, solicitations, or advertisement not related to business purposes or activities;
- Using the Internet for political causes or activities, religious activities, or any sort of gambling;
- Jeopardizing the security of the organization's electronic communications systems;
- Sending or posting messages that disparage another organization's products or services;
- Passing off personal views as representing those of the organization;
- Sending anonymous email messages; or
- Engaging in any other illegal activities.

#### **Staff/Volunteer use of Cell Phones during Program Hours**

While working with youth, supervision is the most important aspect to remember and the use of cell phones can interfere with that. While assigned to work with youth, staff and volunteers are not permitted to use electronic communication devices except during approved breaks and emergency situations. Internet use, text messaging and/or emailing pictures while assigned to work with youth is strictly prohibited regardless of the type of device used and whether for business or personal reasons.

Use of personal electronic communication devices to contact (via voice, text, or pictures/video) YMCA members and/ or program participants for personal and/ or inappropriate reasons shall be grounds for discipline up to and including termination of employment.

#### **Acceptable Use of Cell Phones during Program Hours**

There are occasions in which staff will need to use official personal or organizational issued electronic communication devices. In these cases, staff will have explicit direction from supervisors governing use. Situations which may require use of personal or organization-issued electronic communication devices include:

1. Field Trips
2. Off-site Programs
3. Emergencies



### **Allegations of Abuse and Cooperation with Authorities**

All reports of suspicious or inappropriate behavior with youths or allegations of abuse will be taken seriously. The Washington County Family YMCA will fully cooperate with authorities if allegations of abuse are made and investigated. Failure to cooperate with authorities could be grounds for discipline up to and including termination of employment.

### **Mandatory Reporting of Child Abuse/Mistreatment Requirements**

As a staff/volunteer of the Washington County Family YMCA, by the state of Indiana you are considered a Mandated Reporter. Meaning that if you know about allegation or suspicions of abuse or mistreatment of a youth, you are required to report it to the authorities. If abuse or mistreatment is suspected or known and not reported, those involved could be legally reprimanded.

Through trainings on Praesidium and through West Bend Insurance Company, staff and volunteers will be made aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse.

Staff will:

1. be familiar with the symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse;
2. know and follow organization policies and procedures that protect youth against abuse;
3. report suspected child abuse or neglect to the appropriate authorities as required by state mandated reporter laws; and
4. follow up to ensure that appropriate action has been taken.

By signing the YMCA's Code of Conduct, you are stating that you understand your legal and ethical duty to report suspected mistreatment or abuse of youth.

### **Responsibility of Staff/Volunteer**

If at any point during a staff member's or volunteer's time with the YMCA they are arrested or convicted of a crime, they are required to immediately notify their supervisor. At that time the supervisor and CEO will determine if the staff/volunteer remains suitable for their current position at the YMCA.

### **Youth on Youth Abuse/Mistreatment**

The Washington County Family YMCA is committed to providing all youth with a safe environment. We will not tolerate the mistreatment or abuse of one youth by another youth.

In addition, we will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take the necessary steps to eliminate such behavior.

Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

1. Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
2. Verbal bullying – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.

3. Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
4. Cyberbullying – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:
  - a. Sending mean, vulgar, or threatening messages or images;
  - b. Posting sensitive, private information about another person;
  - c. Pretending to be someone else in order to make that person look bad; and
  - d. Intentionally excluding someone from an online group.

e. Hazing – an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.

f. Sexualized bullying – when bullying involves behaviors that are sexual in nature.

-Examples of sexualized bullying behaviors include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized language or innuendos.

Anyone who sees an act of bullying, and who then encourages it, is engaging in bullying. This policy applies to all youth, staff and volunteers.

### **Background Checks**

**Staff:** All YMCA staff members, 18 years of age and older will be subject to both state and national background checks. A Child Protection Services Check will also be run on all staff members 18 years of age and older. Paperwork and signature of consent is included in employee new hire packet. A National Sex Offender Registry check is automatically run each evening via Nationwide Reciprocity from YMCA of the USA. Once the staff membership paperwork is completed.

-All current staff members receive a new background check and CPS check every 2 years.

-Seasonal staff subject to new background check and CPS check at rehire each year that they return.

**Volunteers:** Every volunteer at the YMCA, 18 years of age and older is subject to state and Child Protection Services Check at the beginning of their volunteer time. If working directly with children the YMCA will run a national background check on each volunteer as well. Paperwork and signature of consent is included in volunteer packet. A National Sex Offender Registry check is automatically run each evening via Nationwide Reciprocity from YMCA of the USA if the volunteer is a member with the YMCA.

-Volunteers are subject to a new background check each year. If 12 months have lapsed with no volunteer time at the YMCA, Y Staff will rerun of each check at the beginning of the new volunteer period.

### **YMCA Member Screening and Protocol**

Through the YMCA's Nationwide Program, all members are automatically run through the National Sex Offender Registry each night. If there is a hit on a member's name/birth date combination an email is sent to the Administrative Manager and is passed along to the CEO to address. The CEO will then contact the member about termination of membership and

look to the board for support if needed. If a formal meeting is needed with the member about any questions or further action, the CEO will do so.

### **Agreement to Follow the Child Abuse Policy**

The Washington County Family YMCA has stated a set forth all standards and rules in the Child Abuse Policy and Procedures. As a staff or volunteer, I agree to consent to these standard and rules at all times. Failure to cooperate fully may be grounds for termination.

Employee/Volunteers Name: \_\_\_\_\_

Employee/Volunteers Signature: \_\_\_\_\_

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

### **Agreement to Cooperate with Investigations**

The Washington County Family YMCA cooperates fully with the authorities to investigate all cases of alleged abuse. As a staff or volunteer, I agree to cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for termination.

Employee/Volunteers Name: \_\_\_\_\_

Employee/Volunteers Signature: \_\_\_\_\_

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



