

YMCA Camp Reed

2025 Junior Counselor Volunteer Paperwork

PLEASE RETURN THIS PAGE WITH YOUR APPLICATION

Volunteer Applicant Name _____

Pronouns (e.g., "they/them, he/him, she/her") _____

Will this be your first or second year as a JC? (Please mark one): 1st 2nd

Please mark the weeks you are available to volunteer as a Junior Counselor:

Available: 1 2 3 4 5 6 7 GT

Unavailable: 1 2 3 4 5 6 7 GT

Shirt Size: (please mark one) S M L XL XXL

Required Volunteer Applicant Packet:

- _____ Volunteer Application
- _____ Authorization for Background Checks
- _____ Background Check Information
- _____ Code of Conduct - YMCA Staff/Volunteers
- _____ RSVP for Training Option
- _____ Three references electronically via Harver (by email)

SUMMER 2025 DATES

Week 1: 6/22-6/27 *Ends on Friday

Week 2: 6/29-7/5

Week 3: 7/6-7/12

Week 4: 7/13-7/19

Week 5: 7/20-7/26

Week 6: 7/27-8/2

Week 7: 8/3-8/9

Goodtimes (GT): 8/10-8/15

*GT week available for 2nd year JCs only

JC Pre-Camp Training (please select one):

_____ Option 1: JC Training Weekend, May 9th-11th at Camp Reed.

_____ Option 2: JC Training Day at YMCA Corporate Office, May 28th.

The Priority Scheduling Deadline for Summer 2025 is **Friday, February 28, 2025**. Applications will be timestamped, and priority scheduling will be given to those JCs who turn their applications in on time. Priority will also be given to those entering 12th grade in the fall of 2025.

Volunteer weeks will be assigned and announced in late March along with additional information and next steps. Store money will be available to purchase at this time.

Please provide YOUR email and phone number on the application, NOT your parents. It is extremely important that we have the correct contact information to reach you, especially during the summer months. We consider Junior Counselors Volunteer-Staff who carry out the Mission of Camp Reed.

*All JC's are required to turn in three references completed by non-relatives via Checkster/Harver online. References will be online and more information can be found in the following application directions and at ymcainw.org/camp-reed/program-dates-rates/

YMCA Camp Reed 1126 N Monroe Spokane, WA 99201

E: campreed@ymcainw.org P: 509 720 5630



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2025 Junior Counselor Application Instructions and Timeline

Camp Reed Junior Counselor (JC) volunteers receive training and volunteer for 1-2 weeks of their summer at Camp Reed. JC responsibilities include getting to know and serve campers as a positive role model, assisting in a variety of camp activities, maintaining camp facilities, and working directly with Camp Reed staff in a leadership role. Application details and other requirements are outlined below.

All questions, inquiries, and communication regarding the JC program and/or the application process should be done by the Junior Counselors themselves. We view our Junior Counselors as volunteer-staff who carry out the mission of Camp Reed.

Do you want to be a JC? Here's what to do and important dates to note:

APPLICATION & REFERENCES

1. **Where to Apply:** Visit: ymcainw.org > Programs > Camp Reed > Junior Counselors.

2. **Volunteer Application Packet:** Download the 2025 Camp Reed JC Application. Print and fill out the form completely. Mail, email, or drop off at the Camp Reed office:

YMCA CAMP REED
1126 N Monroe
Spokane, WA 99201

or

campreed@ymcainw.org

3. **References:** Camp Reed performs online reference checks via Harver as part of the volunteer selection process. We ask that applicants take this opportunity to show us what sets them apart from others. Here's how the process will work:

- Once Camp Reed has received your application, you will receive an email – within 5 business days – from “Abby Woodward via Harver” inviting you to register with Harver online.
- Once registered, the system will prompt you to invite professional references to participate in their reference check. ****Note:** The system will prompt you to invite five references, and we do encourage you to invite at least five people to complete the survey on your behalf, but only a minimum of three responses are required for your reference check to be considered complete.
- The system will send your references a survey to complete on your behalf, and **references will have one week** to respond. It is your responsibility as the applicant to make sure your references respond within this time frame.

The Mission of Camp Reed is to enhance personal growth, Christian values and a sense of community in a safe wilderness setting. Through active participation in unique challenges and new relationships, Camp Reed transforms ideals into lasting behaviors.

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IMPORTANT DATES & OTHER INFORMATION

PRIORITY SCHEDULING APPLICATION DEADLINE: February 28, 2025. Applications submitted to the Camp Reed office before this deadline will receive priority scheduling of the week(s) requested. Additional priority is given to those entering 12th grade in the fall of 2025.

VOLUNTEER WEEK ANNOUNCEMENT: Late March/Early April. Applicants whose applications were received by the priority deadline can expect to receive their assigned weeks at this time. Later applicants will receive their assignments on a rolling basis.

PRE-CAMP TRAINING: May. Applicants should RSVP to one of two options for required pre-camp training. This training includes Mission Emphasis, JC Roles, Child Development, Cabin Management, Work Area Training, Child Abuse Prevention Training, and a program overview.

- **OPTION 1, JC WEEKEND:** Friday, May 9 – Sunday, May 11, 2025. Retreat at Camp Reed that includes JC training plus team building on the Camp Reed Challenge Course. This option is STRONGLY recommended for all Junior Counselors, so please plan accordingly. **Sign up by checking the appropriate box on the Application Packet Cover.**
- **OPTION 2, In House Training Day:** Wednesday, May 28th 5-6PM. For those unable to attend JC Weekend, a condensed version of the training covered at JC Weekend will be held at the YMCA Corporate Office. Those who cannot attend JC Weekend are *required* to attend this training – we will cover all trainings listed above. **Sign up by checking the appropriate box on the Application Packet Cover.**

FINAL APPLICATION DEADLINE: May 28, 2025. Applications beyond this deadline **will not** be accepted.

FOOD HANDLER'S PERMIT: June 13, 2025. Obtain your food handler permit from the [Spokane Regional Health District](#). If you live outside of Spokane County, you ***must*** still obtain a Washington State Food Handler's Permit. Your week will be canceled if you do not have a permit on file before camp starts. Permits should be emailed to the Camp Reed office.

STORE MONEY & HEALTH HISTORY FORMS: Store money can be added once volunteer weeks have been assigned. Health history forms must be completed for all JCs prior to coming to Camp Reed. More information will be available when assigned weeks have been announced.

We look forward to seeing you at camp this summer and we appreciate all your service. If you have any questions about the application process or assignment of weeks, please contact Abby "Calico" Woodward at awoodward@ymcainw.org or 509-720-5633.

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FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION

Thank you for considering the YMCA of the Inland Northwest as a place to donate your time to strengthen community. Volunteers are vital to the Y. Without them, we wouldn't be able to meet the needs to the kids, families, and adults who live in the Inland Northwest.

IDENTIFICATION:

Name _____ Phone _____
Last First M.I.

Address _____
Street City State ZIP

Other Names Used/Maiden Name _____ Email _____ Date of Birth _____

Are you at least eighteen (18) years of age? Yes No
(If not, some programs may have minimum age requirements)

Have you ever been convicted of a criminal offense? Yes No

If so, what was it? _____

The YMCA of the Inland Northwest conducts background checks on volunteers.

EDUCATION AND WORK EXPERIENCE:

Circle the highest grade completed:

High School: 1 2 3 4 Graduation Date: _____ College: 1 2 3 4 5+ Graduation Date: _____

Occupation: _____ Current Employer: _____

BRANCH AND AREA(S) OF INTEREST: Please select the location where you are most interested in volunteering and then, if applicable, select your area(s) of interest for that location.

Location you are interested in volunteering:	Area you are interested in volunteering:
<input type="checkbox"/> Central Branch	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Valley Branch	<input type="checkbox"/> Health and Wellness
<input type="checkbox"/> North Branch	<input type="checkbox"/> Membership
<input type="checkbox"/> South Branch	<input type="checkbox"/> Youth Development
<input type="checkbox"/> Central Early Learning Center	<input type="checkbox"/> Teens
<input type="checkbox"/> EWU Early Learning Center	<input type="checkbox"/> Sports
<input type="checkbox"/> Corporate Office	<input type="checkbox"/> Custodial/Facilities
<input type="checkbox"/> Sandpoint Branch	<input type="checkbox"/> Other: _____

Why are you interested in volunteering with us? _____

Are you required to volunteer? Yes No

If yes, why are you required to volunteer, what are the requirements, and when do you need to meet them?

EMERGENCY CONTACT:

Name _____ Relationship _____ Phone _____

AVAILABILITY: Please indicate the days/times you are available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
AM							
PM							

REFERENCES: References may include supervisors, co-workers, faith leaders, teachers, or school counselors. Please do not list more than 1 relative or household member.

Name _____ Business or Occupation _____ Phone # _____

PLEASE READ CAREFULLY BEFORE SIGNING:

The YMCA of the Inland Northwest’s mission is: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all". As a volunteer, I will cooperate in the fulfillment of this mission.

BACKGROUND CERTIFICATION: I certify that all of the information provided on this application is true and complete. I authorize the YMCA of the Inland Northwest (YMCA) to investigate and verify any and all of the information I have submitted. Because the YMCA strives to provide a safe environment for children and vulnerable people served at our YMCA, I understand that the YMCA may order a criminal history check, and I authorize this investigation.

VOLUNTEER TERMS: I agree to abide by the YMCA's policies, procedures and Code of Conduct. I understand the YMCA does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident Insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that the YMCA of the Inland Northwest does not provide volunteer compensation or trade volunteer services for membership or program fees. I understand that the YMCA may provide training related to the volunteer position. Any time spent taking the class or expenses (travel, mileage, per diem, dining and/or lodging) related to taking the training will not be paid by the YMCA. The YMCA may choose to pay for the cost of the training and/or training materials, as long as it determined that the training benefits the YMCA.

PROPERTY LOSS: I understand the YMCA is not responsible for my personal property lost, damaged or stolen while participating in YMCA volunteer activities.

MEDICAL TREATMENT: I give permission for YMCA representatives to provide or arrange for emergency care for me, and to 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 further understand that the YMCA is not responsible for payment for such medical treatment.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret YMCA programs.

RELEASE FROM LIABILITY: I understand that accidents may occur during my volunteer activities. By signing below, I release the YMCA, its agents, directors, consultants, 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 or my dependent from participation as a volunteer.

VOLUNTEER’S SIGNATURE: _____ **DATE:** _____

If under 18:
PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

BACKGROUND CHECK DISCLOSURE

YMCA of the Inland Northwest may order a "consumer report" (a background report) or "investigative consumer 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, to the maximum extent permitted by applicable law.

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 by phone at 800- 367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

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, as allowed by law, 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; if applicable, worker's compensation injuries; 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.

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:

STATE LAW NOTICES

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

MASSACHUSETTS: 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, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment education verifications. 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, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment education verifications.

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 which may include any or all of the following: criminal history review, driving record review, credit report review, and employment education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

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 which may include any or all of the following: criminal history review, driving record review, credit report review, and employment education verifications. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: 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.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature

___/___/_____
Date

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth __ / __ / __ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

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

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From __ / __ / ____ (Month/Day/Year) To __ / __ / ____ (Month/Day/Year)

FAIR CREDIT REPORTING ACT INFORMATION

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.

- **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.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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 protection agency or your state Attorney General. For information about your federal rights, contact:

FAIR CREDIT REPORTING ACT INFORMATION (CONT.)

TYPE OF BUSINESS:	CONTACT:
<p>1.</p> <p>a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box # 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877)382-4357</p>

CODE OF CONDUCT FOR YMCA STAFF AND VOLUNTEERS

1. At no time during a Y program may a staff person or volunteer be alone with a single child where he or she cannot be observed by others. Staff members and volunteers should space position themselves in such a way that other staff can see them.
2. A child may not be left unsupervised.
3. Staff and volunteers shall not abuse or mistreat children in any way, including
 - physical abuse—striking, spanking, shaking, slapping;
 - verbal abuse—humiliating, degrading, threatening;
 - sexual abuse—touching or speaking inappropriately or showing children inappropriate materials;
 - mental abuse—shaming, withholding kindness, being cruel, belittling; and
 - neglect—withholding food, water, or basic care.
4. No type of child abuse will be tolerated. Any abuse by an employee or volunteer will result in disciplinary action, up to and including termination of employment.
5. Staff members and volunteers may not transport children in their own vehicles.
6. Profanity, inappropriate jokes, displays of intimate affection, 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.
7. Outside of the Y, staff members and volunteers may not be alone with children whom they meet in Y programs. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes.
8. Staff and volunteers will not have interaction or contact with minor participants and/or members through any medium including but not limited to, electronic or other, that is not for official Y purposes.
9. Staff and volunteers must not accept any request by a Y program participant under the age of 18 to participate in any social media contact (not limited to Facebook, Twitter, etc).
10. Staff members and volunteers may not single out children for favored attention and may not give gifts to youth or their parents.
11. Program rules and boundaries must be followed, including appropriate touch guidelines. Children may be informed, in an age-appropriate manner, of their right to set their own "touching" limits for personal safety.
12. Children may not be disciplined by use of physical punishment or by failing to provide the necessities of care.
13. Staff members and volunteers may not date program participants who are under the age of 18.
14. Under no circumstances should staff members or volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent, guardian, or other adult authorized by the parent/guardian (authorization on file with the Y).
15. Staff members and volunteers are to report to their supervisor or next level of supervision anyone who violates any of these child abuse rules.
16. Staff members and volunteers are required to read and sign all policies related to identifying, documenting, and reporting child abuse and to attend trainings on the subject, as instructed by management.
17. Staff members and volunteers are required to fully cooperate with any investigation by the Y, any law enforcement agency or any other authorized outside agency. Failure to do so is considered misconduct and will result in termination.
18. Staff members are to make sure the rest room is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff members 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 members (i.e., not being alone with a child). If staff members are assisting younger children, doors to the facility must remain open. No child, regardless of age, should be allowed to enter a bathroom alone on a field trip or at other off-site locations. All staff should be vigilant when using restrooms in facilities to not be alone with children. It is strongly suggested that staff use the restrooms in the locker rooms.

19. Personal visitors are not allowed in classroom/program sites where children are present. If you must meet someone during work hours, inform your supervisor, make arrangements to have your duties covered and meet that person in an area away from children.

20. Staff and volunteers shall maintain confidentiality and respect the child's and family's right to privacy. Staff must not disclose confidential information or intrude into family life. Information about individual children is to be shared only with the child's parents and appropriate staff.

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

Employee or Volunteer Name

Employee or Volunteer Signature

___/___/___
Date

VOLUNTEER APPLICATION CHECKLIST

- Camp Reed Cover Sheet
- Volunteer Information Sheet
- Background Check Authorization
- Background Check Information
- YMCA Code of Conduct

Once completed, please return all completed forms to the
Camp Reed Office in person or by email:
campreed@ymcainw.org.