



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
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Summit Area YMCA School Year VolunTEENS Program

Are you a student in grades 8th – 12th interested in volunteering during the school year? Or do you need community service hours to fulfill an organizational requirement? If so, look no further than the Summit Area YMCA.

What is the YMCA School Year VolunTEENS Program?

School Year Volunteens is a program for students in grades 8th – 12th who are looking to earn hours and gain experience working within the Summit YMCA. Teens are required to commit at least 20 hours in this program and will be assigned to one or more department based on their interests and skill set.

What Do VolunTEENS Do?

As a VolunTeen, you will have a chance to experience different volunteer opportunities within the Y like helping with sport classes, swim aides, childcare programs or helping with marketing/social media.

VolunTEENS decide where they would like to volunteer from the options below. Once approved to be a volunteer, you will be an approved volunteer for the Summit YMCA. This means you can volunteer at YMCA special events that call for volunteers.

Opportunities:

DEPARTMENT	PROGRAM	DATE & TIME	DESCRIPTION OF VOLUNTEER OPPORTUNITY
SPORTS	Pee Wee Soccer	Session 1: Wednesday 9/5 – 10/24 Session 2: Wednesday 10/31 – 12/19 3:45pm – 4:30pm Session 1: Saturdays 9/8 – 10/27 Session 2: Saturdays 11/3 – 12/22 12:15pm – 1:00pm	Assist in a 45 minute class that incorporates instruction and fundamental skills for kids ages 3 - 5
SPORTS	Basketball Pee Wee	Session 1: Monday 9/10 – 10/22 Session 2: Monday 10/29 – 12/17 3:45pm – 4:30pm Session 1: Saturdays 9/8 – 10/27 Session 2: Saturdays 11/3 – 12/22 10:15am – 11:00am	Assist in a 45 minute class that incorporates instruction and fundamental skills for kids ages 3 - 5
SPORTS	Youth Soccer Clinic	Session 1: Monday 9/10 – 10/22 Session 2: Monday 10/29 – 12/17 4:30pm – 5:30pm (Ages 6-7) & 5:35pm – 6:35pm (Ages 8-10)	Assist in this soccer clinic that is designed to develop fundamental soccer skills while teaching teamwork and sportsmanship to kids.
SPORTS	T-Ball	Session 1: Wednesday 9/5 – 10/24 Session 2: Wednesday 10/31 – 12/19 4:30pm – 5:15pm Session 1: Saturday 9/8 – 10/27 Session 2: Saturday 11/3 – 12/22 11:15am – 12pm	Help kids learn how to bat, throw and run bases during this 45 minute T-Ball class (ages 4 – 6)



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SPORTS	Indoor Tennis Clinic	Session 1: Friday 9/7 – 10/26 Session 2: Friday 11/2 – 12/20 3:30pm – 4:30pm	Volunteers can assist the instructor during this hour class that teaches kids (ages 5 – 8) tennis fundamentals.
AQUATICS	Sundays in Motion Summit YMCA Pool	Sundays: 9/23, 10/14, 11/11, 12/2, 1/6, 2/24, 3/10, 4/21, 5/5 2pm – 4pm	Children living with autism and their families enjoy an afternoon of swimming at the Summit YMCA. Help monitor and guide the children through an hour of gym time and an hour of swim time in our pool.
AQUATICS	Swim Aide Summit YMCA Pool	Monday – Friday: 4 – 6:30pm Saturdays: 9am – 1pm	Volunteer can help with our swim programs. Volunteer can decide which day of the week they would like to volunteer.
CHILDCARE	Chess Masters Summit YMCA	Session 1: Wednesday 9/5 – 10/24 Session 2: Wednesday 10/31 – 12/19 4 – 4:45pm	Help teach participants chess skills from the basics to strategies.
CHILDCARE	Book Buddy with Kid Zone Summit YMCA Kid Zone	Monday – Friday: 5:30 – 6:30pm Saturday & Sunday: 9am – 10am ; 10am- 11am; 11am-12pm	Read books to young kids in our Kidzone space.
TEEN	Digital Marketing/Social Media Champion Summit YMCA	Time and Dates Varies	Help assist the teen department in capturing amazing photos and videos of our events, programs and activities to be used for marketing and social media purposes.
WELLNESS	Wellness Floor Staff Volunteer Summit YMCA	Time and Dates to be determined by volunteer	Help our wellness staff engage with members in our Wellness Center. This is a 3-month commitment. *Additional steps are required to become an approved Wellness Floor Staff Volunteer



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SCHOOL YEAR VOLUNTEENS PROGRAM APPLICATION

Student Name _____ Email Address (mandatory) _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Student Cell mandatory) _____ Date of Birth: ____ / ____ / ____

Name of High School: _____ Year of Graduation: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Address (if different from above): _____

City: _____ Zip: _____ Phone: _____ Emergency

Contact _____ Relationship: _____ Phone _____ Are you a

member of the Summit Area YMCA (not a requirement) Yes ___ No ___

Skills and Interests _____

Previous volunteer experience (if any):

Why do you want to volunteer?

Have you ever worked with children? Yes ___ No ___ Please explain _____

How did you learn about our VolunTeens program? _____



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Personal References:

Please list three references, including a close family member, who have known you for at least one year.

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
Name _____ Occupation _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
Name _____ Occupation _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email Address _____

Work Reference _____ Family Reference (Relationship) _____ Other Reference _____ Years Known _____
Name _____ Occupation _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email Address _____

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

Answering yes to these questions does not constitute an automatic bar to volunteering but will be considered in relation to the positions:

I hereby certify that all of the facts set forth in my application are true and complete. I understand that if I engage as a Y Volunteer that any false information on this form or failure to disclose material facts will be considered grounds for discharge. I agree, as a volunteer, to abide by all established policies and procedures of the Y. I further understand that my services are on a volunteer basis for which no compensation or benefits (including workers' compensation) are provided and that these services are at will and may be terminated at any time by either party. The Y has my permission to obtain all necessary information from the references I have listed, or any other sources concerning my prior employment, volunteer, or personal history and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice from me. I understand that all materials produced for the Summit Area YMCA by the volunteer are property of the Summit Area YMCA.

Signature X: _____ Date: _____

I consent that photographs taken of myself are property of the Summit Area YMCA and may be reproduced as the Y desires, free of any claim on my part.

X _____
Signature of Volunteer Applicant Date

X Parent's Signature (for under 18) _____ Print Name _____ Date _____



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Summit Area Summer VolunTeens Program Acceptance & Permission Statement

ACCEPTANCE STATEMENT

I AGREE TO ATTEND THE SUMMER VOLUNTEENS PROGRAM (4 WEEKS). PLEASE NOTE THAT THIS IS A DAY PROGRAM AND THAT TRANSPORTATION TO AND FROM EACH DAILY SESSION IS YOUR RESPONSIBILITY.

X SIGNED: _____ DATE: _____
(STUDENT)

PERMISSION STATEMENT

I HEREBY GRANT PERMISSION FOR MY CHILD TO APPLY TO THIS PROGRAM AND FOR SELECTED REFERENCES TO REPORT MY CHILD'S ACHIEVEMENTS AND PERSONAL CHARACTERISTICS. I UNDERSTAND THAT IF MY CHILD IS ACCEPTED, WE WILL BE RESPONSIBLE FOR HIS/HER DAILY TRANSPORTATION TO AND FROM THE WORKSITE FOR THE DURATION OF THE PROGRAM.

I RECOGNIZE THAT PARTICIPATING IN THE VOLUNTEENS PROGRAM IS A PRIVILEGE AND IN CONSIDERATION THEREOF AM WAIVING ANY CLAIM OR RIGHT FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR IN CONNECTION WITH THE PROGRAM. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE SUMMIT AREA YMCA, ITS AGENTS, VOLUNTEERS AND EMPLOYEES FOR ANY AND ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH THE VOLUNTEENS PROGRAM.

PRINT PARENT NAME: _____

PARENT ADDRESS: _____

PARENT EMAIL: _____

PARENT SIGNATURE: _____ DATE: _____

Please return completed form to:
Summit Area YMCA School Year VolunTeens Program
67 Maple Street
Summit, NJ 07901
Attn: Christopher Miree
908-273-3330 Ext 1140 (phone)/ 908-273-0258 (fax)



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Summit Area YMCA Child Abuse Reporting Procedures

The Summit Area YMCA 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 or emotional abuse.

An affectionate touch and the warm feelings it brings is an important factor in helping a child grow into a loving and peaceful adult. However, Y staff and volunteers need to be sensitive to each person's need for personal space (i.e., not everyone wants to be hugged). The Y encourages age appropriate touch that helps children develop feelings of trust, security and self esteem. However, at the same time, it prohibits inappropriate touch – touch that exploits a child or touch initiated by an adult for the adult's gratification, or other means of sexually exploiting children.

In the event that there is an accusation of child abuse, the Y will take prompt and immediate action as follows:

1. At the first report or probable cause to believe that child abuse has occurred, the employed staff person it has been reported to (supervisor) will notify the program director, who will then review the incident with the Y's Executive Director or his/her designate. However, if the program director is not immediately available, this review by the supervisor cannot in any way deter the reporting of child abuse by the mandated reporters. Most states mandate each teacher or child care provider to report information they have learned in their professional role regarding suspected child abuse. In most states, mandated reporters are granted immunity from prosecution.
2. The Y will make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved.
3. In the event the reported incident(s) involve a program volunteer or employed staff, the Executive Director will, without exception, suspend the volunteer or staff person from the Y.
4. The parents or legal guardian of the child(ren) involved in the alleged incident will be promptly notified in accordance with the directions of the relevant state or local agency.
5. Whether the incident or alleged offense takes place on or off Y premises, it will be considered job related because of the youth-involved nature of the Y.
6. Reinstatement of the program volunteer or employee staff person will occur only after all allegations have been cleared to the satisfaction of the persons named in #1 above.
7. All Y staff and volunteers must be sensitive to the need for confidentiality in the handling of this information, and therefore, should only discuss the incident with the persons named in #1 above.

All full time and part time employees and program volunteers must read and sign this policy.

Print Name

Signature

Date