



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

YMCA OF METROPOLITAN MILWAUKEE VOLUNTEER AGREEMENT

To be completed with Volunteer Sponsor

Welcome to the YMCA of Metropolitan Milwaukee. Thank you for your commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. We could not do it without you. Please fill out the following volunteer agreement and sign as necessary. Thank you for your help!

I, _____, agree to volunteer for the YMCA of Metropolitan Milwaukee
(Print Name)

As _____ under the supervision of _____
(Volunteer Position) (Print Sponsor's Name)

Please initial each statement below:

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

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

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

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

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

Please sign below to indicate your agreement of the information above. Return signed form to Volunteer Sponsor.

Volunteer Name: _____ Signature: _____ Date: ____/____/____

Sponsor Name: _____ Signature: _____ Date: ____/____/____



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VOLUNTEER NON-COMPULSORY SELF-IDENTIFICATION SURVEY

The YMCA of Metropolitan Milwaukee receives grants from agencies that request information about the diversity of our volunteers. The information requested in this form is being gathered solely for this purpose. Your responses are strictly voluntary and you will not be subjected to any adverse treatment based upon whether or not you choose to provide the information below.

The YMCA of Metropolitan Milwaukee does not discriminate against volunteers, employees, or applicants because of: race, color, sex, religion, national origin, sexual orientation, disability, veteran status, age, marital status or any other protected status.

Name: _____ Date: ____/____/____

If you do not wish to provide this information, please initial: _____

1. Gender: ___ Female ___ Male

2. EEO Classification:

Mark only one:

I decline to disclose

Asian or Pacific Islander

White (Non-Hispanic Origin)

Black (Not of Hispanic Origin)

American Indian or Alaskan Native

Two or more races (Non-Hispanic or Latino)

Hispanic

EXPLANATION OF CATEGORIES:

- **White (Non-Hispanic Origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- **Black (Non-Hispanic):** Persons having origin in any of the black racial groups of Africa.
- **Asian or Pacific Islander:** Persons having origin from any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India or Pakistan.
- **Hispanic:** All persons of Mexican, Puerto Rico, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

___ By signing below I am verifying the above stated information is accurate to the best of my knowledge

Signature: _____ Date: ____/____/____



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VOLUNTEER HANDBOOK ACKNOWLEDGEMENT

By signing below, I acknowledge that I have been provided access to the Y Volunteer Handbook via the YMCA of Metropolitan Milwaukee intranet, located at <http://yconnect.ycamke.org> . I acknowledge that I do know how to access the site and the handbook, or that I may request a printed copy for my records from my volunteer sponsor.

I also understand that by signing this statement I understand that it is my responsibility as a volunteer of the Y to comply with policies, rules, and regulations set forth in the handbook by the YMCA of Metropolitan Milwaukee.

I also understand that the contents of the Volunteer Handbook may be changed by the Y at any time, either with or without notice. Any changes will be posted on the intranet.

I further understand and acknowledge that the Volunteer Handbook provides information and guidelines, but should not be considered a contract, implied or otherwise, between the Y and the volunteer.

Volunteer Name: _____ Signature: _____ Date: ____/____/____

Sponsor Name: _____ Signature: _____ Date: ____/____/____



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CHILD ABUSE & NEGLECT POLICY FORM

Commitment to Safety

Protecting the safety and employees, members and visitors is the most important aspect of running our business. All Milwaukee Y employees have the opportunity and responsibility to contribute to a safe work environment by using commonsense rules and safe practices and by notifying management when any health or safety issues are present. All employees are encouraged to partner with management to ensure maximum safety for all.

The following topics include, but are not limited to, the Milwaukee Y's commitment to safety.

Child Abuse/Neglect and Prevention

The Milwaukee Y recognizes the increase in the number of incidents of reported cases of child abuse and neglect worldwide. Staff and volunteers are in an excellent position to identify abused and/or neglected children and refer them for treatment and protection.

This policy is applicable to all paid and volunteer staff that has contact with children under the age of 18 in the workplace. This policy incorporates state law reporting procedure requirements for cases involving suspicion of child abuse and/or neglect. In addition, it provides recommended practices with regard to children participating in the Milwaukee Y programs; as well as hiring and training procedures for Milwaukee Y personnel who are or will be involved in the supervision of children.

Those, who by nature of their employment, have contact with children, are legally mandated reporters. In compliance with Wisconsin State Law, any staff or volunteer who has reasonable cause to suspect that a child participating in a Milwaukee Y program has been abused or neglected or having reason to suspect that a child has been threatened with injury and that abuse will occur, shall immediately contact the supervisor/director or the Center Leader in accordance with established reporting procedures.

Please contact your Supervisor and Center Leader or Human Resources Director for more information on reporting child abuse and/or neglect.

___ I have read the Child Abuse and Neglect Policy. I agree to follow all suggested procedures as stated.

Volunteer Name: _____ Signature: _____ Date: ___/___/___

