



# VOLUNTEER APPLICATION

This application can be submitted by:

- mailing it to YPN 420 6<sup>th</sup> Street, Suite 260, Cedar Rapids, IA, 52401
- faxing it to 1-319-364-0899
- emailing it to [hwagner@ypniowa.org](mailto:hwagner@ypniowa.org)

Once we've received your application, we will begin to explore your interests in volunteering at YPN and schedule an interview.

## Personal information

Name (include maiden name) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Degree Earned \_\_\_\_\_

Currently enrolled at (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Full Time/Part Time/Retired/Unemployed

How did you learn about YPN? \_\_\_\_\_

## Interests, Skills, and Availability

**YPN offers a variety of volunteer opportunities. Together we will determine the opportunity that is the best fit for your interests, skills, and availability in consideration of YPN's current needs.**

**I am interested in volunteering in the following areas (check all that apply):**

Childcare (Thursday Evenings)   
  Special Events   
  Literacy Skill Building  
 Group Facilitator (Thursday Evenings): Prenatal/Moms/Dads/Hispanic Moms  
 Fundraising   
  We Care Shop   
  Public Advocacy   
  Other: \_\_\_\_\_

**Are you bilingual?**  Yes  No **If yes, what languages do you speak?** \_\_\_\_\_

**Please summarize any special skills, passions, talents, or hobbies you might have:**

\_\_\_\_\_

\_\_\_\_\_

**Please indicate what hours you are available:**

Monday	Tuesday	Wednesday	Thursday	Friday

**I am looking for volunteer opportunities that are (check all that apply):**

Weekly   
  Monthly   
  Event based   
  Project based   
  Summer only   
  School year only

## Volunteer/Work Experience

What experiences have you had with teens and/or young children?

\_\_\_\_\_  
\_\_\_\_\_

List any training, related experience, or knowledge that you have that may benefit you in this volunteer position?

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Goals**

Why do you want to volunteer at YPN and what do you hope to gain from this experience?

\_\_\_\_\_  
\_\_\_\_\_

Are you volunteering to fulfill a requirement for a class or a school program?  Yes  No

Are you volunteering to fulfill a legal community service requirement?  Yes  No

**Background and Reference Check**

It is the policy of YPN to provide a safe environment, both in our facilities and in our outreach programs. Therefore, we require a background check on all volunteer applicants.

- Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
- Have you ever been convicted, or had an investigation, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children? Yes \_\_\_ No \_\_\_
- Do you have charges pending related to the aforementioned? Yes \_\_\_ No \_\_\_

Any "YES" answer requires a further interview with the Executive Director and/or a Program Manager.

Please list two emergency contacts, to be notified in case of emergency:

Name	Phone	Address	Relationship

**Agreement and Signature**

I certify that all information provided on this application and during the interview process is true and complete to the best of my knowledge. I authorize YPN to contact my references and authorize these references to provide YPN with the information regarding my work/volunteer history, education, or character. I understand that appointment to a volunteer position is contingent upon the completion and review of background and reference checks.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

To: Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (mandatory)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

# YPN

## Volunteer Criminal History Record Check Policy

### **Policy Statement**

YPN engages volunteers to staff its group meetings, We Care Shop, Ready to Read, Lunch and Literacy, and other one time events. YPN conducts criminal history record checks on all of its volunteers working directly with families. YPN recognizes the importance of locating and maintaining volunteers that provide good role models and exhibit character traits that indicate an ability to conform to the behavior standards YPN expects of its participants and the imminent importance of protecting the children that participate in YPN activities.

### **The Policy**

#### General Guidelines:

1. New Volunteers. Background checks are required for all new volunteers regardless of age, that work directly with families and/or work with children (collectively hereinafter “Tier One Volunteers”). The background check must be completed and verified before any Tier One Volunteer commences duties with YPN. The background check may include criminal history, sex offender registry, and child abuse history. Tier One Volunteers includes members of the Board of Directors who volunteer for YPN activities outside of formal Board and Committee meetings. Tier Two Volunteers are volunteers who do not meet the requirements of a Tier One Volunteer. They may include guest speakers. Tier Two Volunteers will complete the Volunteer Agreement, Confidentiality, and Liability documents.
2. Returning Volunteers. A background check is required for all volunteers who have been separated from service for more than one (1) year and will be a Tier One Volunteer.
3. Biannual Updating. Background checks will be updated and redone on each Tier One Volunteer every two (2) years. All volunteers will be made aware during the initial intake process that they have an affirmative obligation at all times to notify YPN administration in the event that they are convicted of a criminal offense.
4. Authorization Statement. Applicants for volunteer service with YPN must sign an Authorization Statement permitting YPN to initiate the background check which includes a criminal history background check required by this policy.

#### Adverse Action Notifications:

1. The following adverse action notifications will automatically disqualify a candidate from volunteering with YPN:
  - a. An assault conviction at any time.
  - b. An OWI conviction within the two (2) year period prior to submission of the candidate’s volunteer application.
  - c. A felony conviction.
  - d. Past history of sexual abuse of children.
  - e. Conviction for any crime in which children were involved.

- f. History of any violent or sexually exploitive behavior.
2. The following adverse action notifications may automatically disqualify a candidate from volunteering with YPN:
    - a. More than one (1) OWI conviction. If a candidate's record reveals an absence of convictions for a seven (7) year period subsequent to the OWI convictions, YPN administration will consider this as evidence of the candidate's commitment to changing the behavior in question and to leading a law-abiding life, making the candidate an appropriate volunteer for YPN activities.
  3. Other than stated above, convictions that reflect poor judgment and character and that otherwise indicate an inability of the potential candidate to conform to YPN's expected behavior standards will also disqualify a candidate from volunteering with YPN. A candidate's background check including the criminal history records will be evaluated in the context of the specific volunteer role the candidate may be filling (group childcare, group facilitator, We Care Shop volunteer, etc.) and the factors identified below:
    - a. The recency of and circumstances surrounding the conduct in question,
    - b. The age of the individual at the time of the offense,
    - c. The probability that the individual will continue the type of behavior in question, and
    - d. The individual's commitment to rehabilitation and changing the behavior in question.
  4. Any applicant with a pending criminal court case will not be permitted to volunteer until the conclusion of the case and until cleared by YPN administration.

Privacy:

All authorization forms and records received pursuant to the background check including the criminal history background checks will be maintained confidentially and kept in a secured file.



## YPN Code of Ethics and Confidentiality

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### MISSION STATEMENT

Creating a network of support through education and resources, to build confidence and personal accountability for healthy and successful families.

### CONFIDENTIALITY

Remember that names, personal information, and observations you obtain through your work or volunteer position at YPN are confidential and must be kept in strict confidence. The one and only exception to this rule, is in the obligation to share information and concerns with staff. Each participant has a right to this privacy. As a volunteer of YPN you are legally and morally bound to preserve this right, and hereby agree not to disclose any confidential information. Any violation of confidence will result in immediate dismissal. Pictures are to be taken only by YPN staff unless requested otherwise as a form of volunteer duty. Taking pictures of parents and/or children for personal use is a violation of this confidentiality agreement.

### MANDATORY CHILD ABUSE REPORTING

I understand that as a YPN volunteer, I am not a mandatory reporter, but that all YPN staff are. However, whenever a situation arises in which I am concerned about child abuse or an otherwise unsafe environment, I will immediately contact a YPN staff to discuss and document my concern. Staff will then determine further appropriate necessary actions to take.

I understand the importance of following this Code of Ethics and the ramifications concerning a breach of confidentiality:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **If under 18,**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



## YPN Volunteer Release

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**WHEREAS**, the undersigned will be working as a volunteer on projects ("Projects") which are sponsored in whole or in part by YPN.

**WHEREAS**, the undersigned desires to release and hold harmless, YPN, its officers, directors, members, sponsors, employees, volunteers and any other organization involved directly or indirectly with the Projects.

**NOW, THEREFORE**, in consideration of the undersigned working on projects sponsored by YPN, the undersigned hereby releases and discharges YPN, its officers, directors, members, sponsors, employees, and volunteers involved directly or indirectly, present and future, known or unknown, in any matter arising out of the Projects or any volunteer work with YPN; further the undersigned specifically assumes all risk involved in travel and work on the Projects and all activities surrounding the Projects or other activities associated with YPN.

The undersigned will never institute any action or suit at law or in equity against YPN, its officers, directors, members, sponsors, employees, volunteers and any other organization involved directly or indirectly, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause or action for damages, cost, loss of service expenses or compensation for or on account of any damage, loss, or injury either to person or property, or both, whether developed or underdeveloped, resulting or to result, known or unknown, past or present or future, arising out the undersigned working with YPN or associated with any of the Projects.

YPN shall have the right to use, for any legitimate purpose, any and all photographic images and video or audio recordings provided to them in any volunteer activities, including those in which I am depicted, and I waive all rights to compensation by reason of such use.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If under 18,**

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**YPN**  
**Volunteer Childcare Provider Guidelines**

**All volunteer childcare providers will:**

1. If unable to attend a weekly meeting, please email or call the office to let the volunteer coordinator know you will not be coming. The YPN telephone number is 364-8909. If calling after 4 p.m., please call 241-1400.
2. Sign the volunteer log located in the front entrance of Stonebridge every time you attend YPN.
3. Remain in the childcare room throughout the entire meeting time. Children are to be supervised at all times, and will not be outside, in the bathrooms, or elsewhere in the building alone.
4. Report any incidences to the Lead Childcare Worker in your assigned childcare room or a YPN staff immediately. The Lead Childcare Worker or a YPN staff will complete an Incident Report, as needed.
5. Actively interact with the children to facilitate developmentally appropriate activities and experiences for the children as planned for the evening.
6. Wear proper attire that allows you to actively engage with the children in the childcare rooms.
7. Follow agency policies and procedures and meeting site rules and regulations.
8. Follow outlined safety precaution guidelines concerning blood and bodily fluid clean-ups.
9. Properly wash hands before and after changing diapers or using the restroom and wear gloves when changing diapers.
10. Use age-appropriate methods of discipline (remember discipline is teaching, not punishment) and model appropriate behaviors for all the children.
11. Maintain confidentiality concerning YPN programs, participants, and children.
12. Use respectful and appropriate language and interactions with YPN participants and children.

**General Childcare Guidelines:**

1. All persons in the childcare room will be active volunteers. No visitors allowed. All volunteers will complete the application process, including an interview with the Support Services Coordinator/Program Manager and a background check, and be approved as a childcare provider.
2. Parents will change diapers or take to the bathroom before bringing children to childcare. This will eliminate the need to change diapers or toilet every child during the evening. Diapers will be changed and children will be taken to the bathroom on an "as needed" basis. A last check will be taken at 7:00 p.m.
3. Only the adult who signed the child in will be allowed to remove the child from the childcare room. Sign-in will be completed in the front entrance of Polk before mealtime. Parents will leave their child with childcare at the door and leave immediately to group.
4. Parents will remain in their discussion groups unless contacted by YPN staff for an emergency situation.

**I have read and agree to abide by the above guidelines.**

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Signature

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Date