

2010 YMCA Global Teens Group Leader Application Instructions

Thank you for your interest in serving as a YMCA Global Teens Group Leader during the summer 2010 program!! Serving as a YMCA Global Teens Group Leader is both an amazing honor, and an extraordinary challenge. It is an opportunity to lead teens through one of the most impactful, challenging and inspiring adventures of their lives. As a famous philosopher once said; *"I did not say it was going to be easy, but it will definitely be worth it."* Serving as a Global Teens Group Leader will allow you to hone your group and youth work skills, while also gaining a deeper understanding of your own values, leadership style and world view.

We are seeking to have all summer 2010 Group Leaders in place by November, 2009, and are asking for a commitment (keeping in mind the other duties/responsibilities you have) beginning November 2009, and running through early December 2010. Time commitment will vary by month, but involvement of Group Leaders in the pre-trip preparation/training process and post-travel reflection process is vital for teen participants to have the best possible experience. You are asked to make a good faith effort, and to stay in close contact with the Global Teens staff team. If you work with us, we will work with you.

This Application Consists of:

- **Part A: Leader Application (Bio/Contact Info, Essays, etc.)**
- **Part B: Authorization for Background Check**
- **Part C: Authorization for Drug Test & List of LabCorps Testing Locations**

Personal Information: Fill in your name, gender, resident of, citizen of, date of birth and age *exactly* as they appear on your passport. The information you provide will appear on your documents and if you are selected, they will appear on your plane ticket. It is suggested that you apply for your passport at least 4-6 months in advance. If you are not a U.S. citizen, please be sure to research the visa/entry requirements of the trip you are assigned to.

References: All Global Teens Group Leader applicants must include contact information for 3 references. **References from family members, relatives or friends are NOT ACCEPTABLE.**

Health History Forms (2 Pages): Please have your personal physician complete/approve/sign both forms. Please indicate physical or mental illnesses or conditions, which may affect your ability to effectively lead a trip this summer, as well as any allergies or special dietary needs.

Certificates, Photos and Attachments: If you have relevant certifications or photos that will strengthen your application please attach copies of them to your application. (i.e. YUSA/ARC Lifeguard, WSI, First Aide, CPR, Wilderness First Aide, Group Work, Working with Teens 12-17, etc.)

Please return completed applications no later than **Friday, October 9th, 2009** to:

Mail: International YMCA Global Teens
attn: Chad Nico Hiu
5 West 63rd Street - 2nd Floor
New York, N.Y. 10023

Fax: 212-724-2344 (attn: Chad/Global Teens)

Email: chiu@ymcanyc.org (please scan entire application in PDF format as one document 400KB or less in size)

DEADLINE for ALL 2010 Group Leader Applications: Friday, October 9th, 2009

Best of luck to you!!

Chad Nico Hiu
Program Director

Lori Tay
Assistant Director

Imade Idusuyi
Program Assistant

"The true adventure of life rests not in seeking new landscapes... but in having new eyes."

- Unknown

**YMCA Global Teens
2010 Group Leader Application**

PART A

The YMCA does not discriminate against any individual on the basis of race, gender, religion, national origin, age, citizenship, marital status, sexual orientation, mental or physical disability, disabled veteran or Vietnam era veteran status, on the basis of knowledge or belief that the applicant has tested positive for AIDS, AIDS Related Complex or HIV, genetic predisposition or any other basis protected by federal, state or local law.

Personal Information:

ENTER ALL INFORMATION EXACTLY AS THEY APPEAR IN YOUR PASSPORT

First Name: **Middle Name:** **Male:** **Female:**

Last Name(s): *(as it appears on passport):*

Date of Birth: *(Month / Day / Year)* / / **Age on June 1st, 2010:** **SSN:** - -

Are you a US citizen? YES NO **If no, what is your resident status?**

Do you have a valid passport? YES NO **If yes, what is the issuing country?**

Passport Number: **Passport Expiration Date:** / /

Contact Information:

Permanent Address: *(Please list alternate address on separate page if applicable)*

Street:

City:

State / County:

Postal Code:

Country:

E-mail Address (non-Hotmail):

Telephone: *(Area Code / Number)* /

Mobile/Work Phone: *(Area Code / Number)* /

Emergency Contact Name: **Relationship:**

Emergency Contact Phone Number: / **2nd Phone #:** /

Current Job Information:

Current Employer: **Supervisor's Phone:**

Name/Title of Supervisor: **Email:**

Job Title: **Length of Time in Current Position:**

Primary Responsibilities:
Use additional sheet if needed

HAVE YOU EVER BEEN CONVICTED OF A CRIME: NO ___ YES ___ **WHEN, WHERE, DISPOSITION OF CASE: _____*
**A record of conviction will not necessarily disqualify you from selection. Factors such as age and time of offense, seriousness and nature of the offense, rehabilitation and the specific duties and responsibilities of the position sought will be taken into account. Please note that the New York State Central Register is used by the YMCA of Greater New York to investigate potential candidates for employment.*

Education and Certifications:

Degree: H.S. Diploma AA BA/BS MA/MS Ph.D. Other

Location Degrees Received:

Major Field of Study:

Special Honors/Activities:

Languages Spoken besides English:

Trainings and Certifications (please check all that apply):

Red Cross CPR for Professional Rescuer/Adult

Expiration Date:

YMCA of the USA/ARC Lifeguard (*Circle one:* ARC YMCA)

Expiration Date:

First Aide (What type: _____)

Expiration Date:

Other Relevant Certifications:

Do you have a valid Driver's License? YES NO

State of Issue:

Expiration Date:

Trip Region Preference:

Please check your preferred area of travel

Africa

Asia (*Including South Pacific*)

Europe (*including Ireland/United Kingdom*)

Canada

Central/South America

Australia/New Zealand

YOU ARE NOT GAURANTEED YOUR TRIP REGION PREFERENCE AND ALL REGIONS MAY NOT BE AVAILABLE DURING YOUR TRAVEL YEAR.

References: (DO NOT LIST FAMILY)

1) **Name & Relation of Reference:**

Address:

Cellular Number:

Email:

How long have you known the reference?

2) **Name & Relation of Reference:**

Address:

Phone Number:

Email:

How long have you known the reference?

3) **Name & Relation of Reference:**

Address:

Phone Number:

Email:

How long have you known the reference?

Please note that your assignment with the YMCA of Greater New York is contingent upon your background check & drug test.

Essays:

Please attach your typed answers to the following questions:

- 1) List you experience working with teens (ages 14-18) years old. You may wish to attach you resume.
- 2) Please discuss you affiliation with the YMCA or other community organizations.
- 3) Please discuss your greatest challenge with a young person you have worked with.
- 4) List any travel experience you have had out of the U.S.
- 5) How has this travel affected you and the way in which you view the world?
- 6) How would you expect a travel experience like Global Teens to impact the teen participants you would be leading?
- 7) What are some challenges you would face if selected to be a Global Teens Group Leader? What would be your biggest concern?
- 8) What qualities do you possess that would make you a good candidate to be a YMCA Global Teens Group Leader?

Training and Preparation:

Please note that all Global Teens Group Leaders are expected to fulfill expectations in the attached job description and listed below:

- 1) Attend all mandatory YMCA Global Teens trainings (dates to be announced)
- 2) Obtain First Aid and CPR certification within 30 days of selection. These certifications are a requirement to become a GT Group Leaders and costs will be the responsibility of the applicant.
- 3) Attend YMCA of Greater New York Child Abuse Prevention and Ethics and Boundaries Trainings
- 4) Assist with participant interviews, communication and document follow-up (January 2010 through December 2010)
- 5) Attend all Teen orientation activities/events unless a bona-fide conflict prevents you from doing so.
- 6) Assist in the planning of pre-trip events, communication with assigned teens and document/paperwork follow-up & equipment return.
- 7) Attend Re-entry event(s) held upon the return of all trips and ensure the return of all equipment/documentation upon return from travel.

I have read the job description and preparation requirements and related to this assignment. It is my wish to be considered for the volunteer position of Group Leader for the YMCA Global Teens Program.

I understand that this application for a volunteer position (if I am not currently a YMCA of Greater New York employee) is not intended to be a contract of employment and that I am not being considered for employment of any definite period. I understand and agree that, in the event the YMCA should employ me, my employment will be at-will, such that either the YMCA or I may terminate my employment at any time and for any reason or for no reason.

If employed, I will abide by the rules, regulations, and statements of policy which now exist, or which may, from time to time, be added to, modified, or changed, as circumstances warrant, at the sole discretion of the company. I authorize the YMCA of Greater New York to obtain information concerning former employers and others, and I release all concerned from any liability in connection therewith.

I certify that the statements made in this application (and any accompanying resume) are true and correct to the best of my knowledge. I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my assignment, if I am offered a volunteer position. I authorize all present or prior employers, educational institutions, and the individuals listed by me on this application to release to the YMCA any information relevant to this application, including information about my employment record, and hereby release them from liability and responsibility for doing so.

Group Leader Applicant Signature:

Date:

For Executive Director: By signing below, you are agreeing that the staff person listed above will fully participate in the 2010 YMCA Global Teens program if accepted, including agreeing to pay their standard exempt salary while abroad during the summer travel period.

Executive Director's Signature (YGNY employees only):

Date:

2010 YMCA GLOBAL TEENS VOLUNTEER BACKGROUND INVESTIGATION PROCESS

Dear Volunteer,

The YMCA of Greater New York is a community service organization that provides a variety of programs and services to men, women and children. To ensure a safe environment for our members and staff background investigations are completed for volunteers and employees. As part of the screening process, each candidate for a volunteer position must have an investigation completed of his/her criminal history, child abuse records and when appropriate, employment history. To initiate this process, please complete the attached Background Investigation Authorization Form. The form must be completed entirely. In addition, you must sign and date the document. The information entered on the document will be used for the purpose of identification only and will not be used for discriminatory purposes. Federal law prohibits discrimination on the basis of age, race, color, creed, religion, sex, disability, or national origin.

The completed and signed form must be delivered to the Human Resources Representative at the location where you were interviewed via fax, hand delivery or postal delivery. In addition, you must have a volunteer application on file with the YMCA. If you do not complete the volunteer application and/or the Background Investigation Authorization Form, you will not be considered for a volunteer assignment with the YMCA of Greater New York and the interview process will end.

All information in the application and the Background Investigation Authorization Form is confidential and will be used only for the screening process. Please note that while the conviction of an offense is not an automatic bar to volunteering, all circumstances will be considered. If you have any questions, please contact the Association's Human Resources Department at (212) 630-9600.

Thank you for your assistance and interest in the YMCA of Greater New York.

Human Resources Department

Attachments



VOLUNTEER BACKGROUND INVESTIGATION AUTHORIZATION FORM

As a condition of becoming a volunteer, I understand that the YMCA of Greater New York and/or its agents, IntelliCorp Records Inc., and/or any other reporting agency acting on behalf of the YMCA of Greater New York, or any of their agents, may conduct a background investigation on me. The investigation might include, but is not limited to, information on my education; my previous employment; my criminal history (if any); my military service (if any); my motor vehicle and driver's license records; public record information on file in local, state or federal agencies; and my performance as an employee. I authorize all corporations, companies, former employers, supervisors, educational institutions, law enforcement agencies, city, state, county and federal courts, motor vehicle bureaus, military services and persons to release information that they may have about me to the YMCA, or their agent, IntelliCorp, and release all parties involved from any liability and responsibility for doing so. I understand that any of the above sources may be contacted at any time during the course of my volunteer assignment with the YMCA and that this notice and consent will also apply to any future investigative or other reports that may be requested during the term of my service if I am a volunteer with the YMCA of Greater New York.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. I understand that I have the right to request additional disclosures as to the nature and scope of the investigation, upon written request, within a reasonable period of time

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that any misrepresentation or falsification on this form will be deemed sufficient cause for disqualification or immediate termination of my volunteer assignment. Any copy of this authorization shall have the same authority as the original.

I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

Full Name (First, Middle and Last)

Maiden Name or Other Name(s) and Dates Used

Date of Birth

Social Security Number

Address at **Current** Residence

Address at **Previous** Address

City, State, Zip Code of Current Residence

City, State, Zip Code of Previous Residence

Dates At Current Residence

Dates At Previous Residence

Signature

Date

2010 YMCA Global Teens PRE-VOLUNTEER DRUG TESTING

Dear Volunteer Applicant,

As part of our pre-volunteer screening process we must request that you take a drug test at one of the LabCorp laboratories listed on the attached sheets. Please take a LabCorp CHAIN OF CUSTODY FORM with you to the laboratory for testing within **two (2) business days**. If you do not complete this test within two (2) business days you will not be eligible to volunteer at any YMCA of Greater New York Branch. You will be asked to provide a urine specimen at the testing center. Please take photo identification with you to the LabCorp site. The cost of the test will be charged to the YMCA of Greater New York.

If you have any questions or concerns about this process please call the Human Resources Department at (212) 630-0204.

Thank you very much for your assistance.

Attachments

PRE-VOLUNTEER DRUG TESTING CONSENT FORM

Applicant Name (Print) _____

1. I understand that I am being asked to provide a urine sample for testing to determine the presence of illegal drugs, or controlled substances in my system. I understand that I do not have to provide a specimen if I choose not to do so. **If I do not provide a urine specimen within two (2) business days of signing this letter, I will not be eligible to volunteer at any YMCA of Greater New York Branch.**

2. I hereby authorize the YMCA and Lab Corp Inc. to take a urine specimen for purposes of testing for illegal drugs or controlled substances as a condition to volunteer.

3. I further authorize the YMCA and Lab Corp to take additional urine specimens during my future volunteer assignment if the YMCA suspects that I am using illegal drugs or controlled substances or if the YMCA suspects that I am under the influence of alcohol while I am at a YMCA of Greater New York Branch.

4. I authorize the YMCA and its agents and physicians to release such specimen(s) to a laboratory, hospital or service for testing. I further authorize the facility and its agents, and/or physicians chosen by the YMCA and any such testing laboratory, hospital, or service to conduct tests to determine whether illegal drugs, controlled substances or alcohol are present and to release the results of the tests to the YMCA of Greater New York's Human Resources Department.

5. I hereby release the YMCA of Greater New York and Lab Corp Inc., any of their officers, agents, servants, employees, any laboratory personnel, physicians, or facility responsible for testing from any and all claims, causes of action, damages or liability relating to the testing or use and dissemination of test results, including, but not limited to, all claims for injuries or damages arising out of our relating to the collection of specimens, procedures, the release of information or results concerning such testing, or any action taken regarding my volunteer status as a result of such testing and/or test results.

Please check one box below.

- I consent to provide a urine specimen for use in the manner described herein.
- I refuse to provide a urine specimen. I understand that my refusal will constitute grounds for immediate dismissal or disqualification from a volunteer position consideration.

Applicant Signature

Date