

## Dear YMCA Go Global Applicant,

On behalf of the International Branch of the YMCA of Greater New York, thank you for your interest in the YMCA Go Global Program!!

YMCA Go Global is a voluntary service and capacity-building program that places young Americans at YMCAs and community organizations around the world. Go Global volunteers fully immerse themselves in the culture of their host countries and assist in developing programs that build strong kids, strong families and strong communities world wide.

The work our volunteers perform consists of, but is not limited to, Environmental Conservation, Health Education, Camp Counseling, Youth Development, Social Work, English Instruction, Community Development, Arts, Sports and Recreation, Organizational Development, Vocational Training and Technology development. If we do not have what you are looking for, we will do our best to craft an experience for you.

Please take the time to read and complete **all** portions of the YMCA Go Global Application Packet. Once you have completed the application please return and you will be contacted by someone from the YMCA Go Global Office.

Take note that the **fee for the YMCA Go Global Program is \$775+** \$14.50/week insurance. *Please note that the \$775 includes insurance for the first four weeks of your program as well as room and board (2 meals) for the duration of your stay abroad.*

All applicants are **required to pay a non-refundable \$250 deposit** to confirm placement. The balance of your payment will be due at least 4 weeks prior to your desired travel date. Please allow a minimum of two months for the processing of your application (interview, placement, etc.)

Should you have any further questions or concerns, please do not hesitate to contact us.

Thank you for your interest and we look forward to working with you!!!!

Yours in service,

**Chad Nico Hiu**  
Director  
(212)-875-4328  
[chiu@ymcanyc.org](mailto:chiu@ymcanyc.org)

**Lori Tay**  
Assistant Director  
(212)-875-4334  
[ltay@ymcanyc.org](mailto:ltay@ymcanyc.org)



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**PREVIOUS VOLUNTEER EXPERIENCE**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

SUPERVISOR (S): \_\_\_\_\_

**PLEASE DESCRIBE YOUR DUTIES AND PROVIDE ANY RELEVANT EXPERIENCE**

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**BRIEFLY DESCRIBE YOURSELF AND YOUR EXPERIENCES**

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**DESCRIBE YOUR QUALIFICATIONS FOR WORKING WITH AN INTERNATIONAL DEVELOPMENT ORGANIZATION**

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**WHAT DO YOU HOPE TO GAIN FROM AND GIVE TO THE COMMUNITY YOU WILL BE WORKING WITH?**

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ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

TELEPHONE: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

<b>N C E S</b>	NAME: _____	TELEPHONE: (    ) _____
	ADDRESS: _____	TITLE: _____

**\*YMCA Go Global charges a \$775.00 program fee. A \$250.00 non-refundable deposit is due once applicant accepts a proposed placement package. The \$525.00 balance is due 4 weeks prior to desired travel date.**

I understand that this application for a volunteer position 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. 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.

**Media Release:**

I grant permission to the YMCA to use my name and to take and publish photographs of me in any media for legitimate purpose. I release all rights to such photographs. I acknowledge that the YMCA will be the sole owner of all rights arising out of their use for any purpose. I understand that I shall receive no compensation from their use from any source whatsoever. I understand that my photographs may be used in brochures, on the Internet and in other YMCA material without notification.

**PROGRAM POLICIES**

**YMCA Values and Mission**

As a participant in a YMCA program you will be a role model to every one with whom you meet. No matter the location of your host site, you are a participant in a YMCA program. As such, you are expected to model sound values. It is our expectation that, as a participant of the YMCA Go Global Program, you embody and model the YMCA's four core values at all times while abroad.

- 1) **Caring:** to help others, be culturally aware and sensitive to the wellbeing of others.
- 2) **Honesty:** to tell the truth, to act in such a way that one is worthy of trust, to have integrity, making sure one's actions match one's values.
- 3) **Respect:** to treat others as you would have them treat you, to value the worth of every human being
- 4) **Responsibility:** to do what is right, to be accountable for your words, your actions, attitude, commitments and duties.

**Participate at Your Own Risk**

By signing this agreement you acknowledge that there are dangers in traveling to and living anywhere, which are multiplied when living in a community which is foreign to you. The YMCA will not be held liable for any damages, injuries or conditions which arise from your participation as a YMCA Go Global volunteer. As of the completion date of your program noted on this form, all YMCA Go Global assistance to you, including, but not limited to, supervision, placement and training is discontinued and we are no longer responsible for you if you chose to remain abroad.

**Legality While Overseas**

While abroad, volunteers are the guests of their host YMCA/organization and should act accordingly. YMCA Go Global volunteers are expected to follow all applicable rules, polices and guidelines of YMCA Go Global, the YMCA of Greater New York, its partners organizations, the laws of the United States of America, and the laws of the country and community you travel to. Failure to comply with these expectations will result in the termination of your sponsorship, legal action and possible additional financial charges/fees.

**Medical Liability and Travel Insurance**

Participants are required to have medical liability and travel insurance, which will be provided to them through the YMCA Go Global Program to cover you during your placement. Participants are responsible for taking all appropriate medical precautions and be in satisfactory health in order to participate in the YMCA Go Global Program. If participants select to extend their own health insurance, proof of this must be submitted to the YMCA Go Global Office.

**Assumption of Risk and Liability release:**

I agree to indemnify the International Branch of the YMCA of Greater New York and its agents harmless from any and all claims which may be brought against them by myself or anyone on my behalf, for any injuries or death resulting from my participation in the YMCA Go Global Program.

\_\_\_\_\_  
*Applicant Printed Name/Signature*

\_\_\_\_\_  
*DATE*

# YMCA Participant Health Record

# PART B (page 1)

Employee's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

## **HEALTH HISTORY** (give approximate dates)

Ear Infection \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Measles \_\_\_\_\_  
Convulsion \_\_\_\_\_ Insect Stings \_\_\_\_\_ German Measles \_\_\_\_\_  
Diabetes \_\_\_\_\_ Mumps \_\_\_\_\_ Asthma \_\_\_\_\_

PAST ILLNESSES/OPERATIONS: \_\_\_\_\_

FOOD & OTHER ALLERGIES: \_\_\_\_\_

CHRONIC OR REOCCURRING ILLNESSES: \_\_\_\_\_

BEHAVIOR ISSUES: \_\_\_\_\_

ACTIVITIES TO BE ENCOURAGED: \_\_\_\_\_

ACTIVITIES TO BE RESTRICTED: \_\_\_\_\_

## **CURRENT CONDITIONS**

MEDICATION TAKEN: \_\_\_\_\_

APPLIANCES WORN OR NEEDED (EX. GLASSES, BRACES): \_\_\_\_\_

CONDITIONS WHICH MODIFY ACTIVITY: \_\_\_\_\_

## **IMMUNIZATION HISTORY**

*This is a record of the dates of the basic immunization and most recent booster doses*

	DATE	DATE	DATE
DPaT or DTP or TD or Td			
Polio			
MMR			
Hepatitis B			
Varicella			
Pneumococcal Conjugate (PCV)			
TB/PPD Screen			
OPV / IPV			
PPD / Mantoux			
Other			

## **CONSENT FOR EMERGENCY MEDIAL TREATMENT**

I do hereby give authority to the YMCA to obtain necessary emergency medical treatment for me, or if under 18 for my child with the understanding that the family physician will be notified as soon as possible.

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YMCA Participant Examination Form **PART B** (page 2)

*This form must be completed by the staff member's Medical Provider.*

*It is acceptable to submit a similar form from your Doctor's office or school – but the examination must have occurred within 12 months all the information required below..*

DATE OF EXAM: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

Codes for using this form : S = Satisfactory, X= Not Satisfactory (explain), O= Not Examined

GENERAL APPEARANCE: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

URINANALYSIS \_\_\_\_\_ HGB. TEST \_\_\_\_\_ POSTURE/SPINE \_\_\_\_\_

EYES \_\_\_\_\_ VISIONS \_\_\_\_\_ GLASSES \_\_\_\_\_

EARS \_\_\_\_\_ HEARING \_\_\_\_\_ THROAT/TONSILS \_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ EXTREMITIES \_\_\_\_\_

FEET \_\_\_\_\_ SKIN \_\_\_\_\_ NOSE \_\_\_\_\_

TEETH \_\_\_\_\_ ABDOMEN \_\_\_\_\_ HERNIA \_\_\_\_\_

ALLERGIES \_\_\_\_\_

NEUROLOGICAL FINDINGS \_\_\_\_\_

## RECOMMENDATIONS AND RESTRICTIONS WHILE IN CAMP

SPECIAL DIET \_\_\_\_\_

SPECIAL MEDICINE \_\_\_\_\_

SWIMMING \_\_\_\_\_

STRENUOUS ACTIVITY \_\_\_\_\_

OTHER NOTES \_\_\_\_\_

I have examined the individual mentioned, reviewed his/her health history and it is my opinion that he/she is physically able to work in a YMCA program interacting with youth and teenagers, after school and other Youth Center activities, except as noted above.

Examining Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## YMCA GO GLOBAL

### VOLUNTEER BACKGROUND INVESTIGATION PROCESS

Dear YMCA Go Global Participant,

The International Branch of 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 all 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 YMCA Go Global Office via fax, hand delivery or postal delivery. If you do not complete the YMCA Go Global Participant application *and* the Background Investigation Authorization Form, you will not be considered for a volunteer placement with YMCA Go Global 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 Chad or Lori at the YMCA Go Global Office at 212-727-8800.

Thank you for your assistance and interest in the YMCA Go Global Program.

YMCA Go Global Staff Team

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.

\_\_\_\_\_  
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