



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

## EMPLOYMENT APPLICATION

**Former YMCA (any) Employee?**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA staff team, please complete the application below.

- Be sure to write legibly
- The application must be completed in full.
- Do not leave any spaces blank or write "see resume" in response to any question.
- Read and sign the last page of the application.

### Prospective Employee Information

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_

City

State

Zip

Email Address: \_\_\_\_\_

Phone: CELL \_\_\_\_\_ HOME \_\_\_\_\_

☐ Yes

Are you 18 years of age or older? (If not, you may be required to provide work authorization.)

☐ No

If hired, can you provide verification of your legal right to work in the United States?

☐ Yes

☐ No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

☐ Yes

☐ No

Have you ever been convicted of a crime, pled no contest, or had adjudication withheld? If yes, please provide a date, location, charges and a complete explanation of all offenses. (A conviction will not necessarily bar employment. The YMCA may consider the nature, date and circumstances of the offenses.)

☐ Yes

☐ No

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

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

Have you previously been employed by this YMCA or any other YMCA? ☐ Yes

If yes, when? What job? \_\_\_\_\_ ☐ No

Have you previously volunteered at this YMCA or any other YMCA? ☐ Yes

If yes, when? At which locations? \_\_\_\_\_ ☐ No

Do you have any relatives or household members currently working for this YMCA? ☐ Yes

If yes, name(s) and relationship: \_\_\_\_\_ ☐ No

## Education and Training

Type	Name of School	City/State	Diploma/ Degree	Year	Specialty (if applicable)
GED					
Vocational School					
High School					
College					
Other/Add'l					

Certification Type (CPR, Life-guard, CDA, etc)	Provider	Expiration Date	Details

Other Experiences, Volunteerism, or Skills that you offer:

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## Employment History

List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.

<b>Employer Name:</b>	<b>Start Date:</b>	<b>Job Duties Performed:</b>	
<b>Address/Phone:</b>			
<b>Job Title:</b>	<b>End Date:</b>		
<b>Supervisor Name/Phone:</b>			
<b>Reason for Leaving:</b>			

<b>Employer Name:</b>	<b>Start Date:</b>	<b>Job Duties Performed:</b>	
<b>Address/Phone:</b>			
<b>Job Title:</b>	<b>End Date:</b>		
<b>Supervisor Name/Phone:</b>			
<b>Reason for Leaving:</b>			

<b>Employer Name:</b>	<b>Start Date:</b>	<b>Job Duties Performed:</b>	
<b>Address/Phone:</b>			
<b>Job Title:</b>	<b>End Date:</b>		
<b>Supervisor Name/Phone:</b>			
<b>Reason for Leaving:</b>			

\*By signing this application, I am attesting that the information provided is accurate and complete. Failure to provide accurate information including work histories, gaps or omissions, or inaccuracies may be grounds for termination upon hire or at any point during my employment.

## References

Please list two (2) references who have prior work experience or knowledge of your work and one (1) personal or family reference.

<b>Name:</b>	<b>Occupation:</b>	<b>Nature of Relationship?</b>	<b>Professional</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>	
<b>Email:</b>	<b>Phone:</b>	<b>Alt. Phone:</b>	

<b>Name:</b>	<b>Occupation:</b>	<b>Nature of Relationship?</b>	<b>Professional</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>	
<b>Email:</b>	<b>Phone:</b>	<b>Alt. Phone:</b>	

<b>Name:</b>	<b>Occupation:</b>	<b>Nature of Relationship?</b>	<b>Personal</b>
<b>Address:</b>	<b>City:</b>	<b>State/Zip:</b>	
<b>Email:</b>	<b>Phone:</b>	<b>Alt. Phone:</b>	

## Application Acknowledgement and Authorization (Initial Items)

- ☐ I received the Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete information.
- ☐ I received the Ohio Department of Health Concussion Information Sheet
- ☐ I understand that a Criminal Background Check is required for my participation as an employee at the YMCA.
- ☐ I understand that, as a volunteer of the YMCA, it is my ethical and legal duty to report of suspected abuse. I agree to cooperate fully with any investigation into suspected abuse.
- ☐ I have received a copy (digital or paper) of the YMCA's Personnel Policy Manual and Employee Handbook and have read and agree to all organization policies.  
(Available at [bit.ly/3H3gOAC](http://bit.ly/3H3gOAC))
- ☐ I have read and agree to the following Code of Conduct.

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

**Date:** \_\_\_\_\_

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings. If hired, I agree to abide by YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

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

**Date:** \_\_\_\_\_

**Code of Conduct: YMCA Staff and Volunteers (Child Abuse Prevention)**

In keeping with our core values, the YMCA of Ross County's promise to our members, families, program members and the general community is that we are committed to providing a safe environment in which all participants are treated in a caring, honest, respectful and responsible way. Our mission commands us to "build a healthy spirit, mind and body for all."

It is every staff member's responsibility to deliver on this promise and to project and further the mission. This includes all dealings with the community; inside and outside of our workplace and both on and off duty. Y staff members should avoid any inappropriate speech or behavior in the presence of our community members at all times. No one should have reason to be offended or embarrassed by YMCA staff's speech, appearance or conduct. The YMCA of Ross County has zero tolerance when it comes to the abuse and mistreatment of children, seniors, and other members of the Y family. Any YMCA employee who abuses or mistreats individuals

will be disciplined up to and including termination of employment.

Of course, the YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private. Staff need to use good judgment and discretion. If you want something to be private, do not expose it to public access. If you or your words are in public, make sure they are not interfering with your role at the YMCA. If an employee does not demonstrate reasonable personal conduct and the core values of the YMCA, disciplinary action may be necessary.

Since most rules are common sense, the number of written rules is kept at a minimum to assure protection for every employee's health, safety and job security. It is the responsibility of all employees to know and maintain the standards of conduct which have been established by the YMCA. If you have any questions, ask your supervisor or Human Resources. The following behaviors fall within YMCA of Ross County standards of conduct:

- Honesty.
- Caring, attentive, courteous and polite treatment of members at all times.
- Respect and consideration for members and fellow employees regardless of race, religion, sex, age or abilities.
- Responsibility to accept all reasonable rules of personal conduct, including attention to one's own good health, work habits, attendance, and punctuality.
- Proper care and safe keeping of member, YMCA, and employee property and records.
- Cooperation with others.
- Maintenance of all commonly accepted, reasonable rules of responsible personal conduct, including the prohibition of the use of or being under the influence of alcohol or illegal drugs at the workplace.
- The following behavior without limitation could lead to disciplinary action up to or including termination:
  - Breach of trust or dishonesty
  - Harassment
  - Child abuse, molestation, or indecent exposure; having unapproved off-hours contact with children in Y programs or other violations of its child abuse prevention policies
  - Mistreatment or neglect of members, guests, or participants
  - Conviction of a felony
  - Willful violation of an established policy or rule
  - Falsification of Company records
  - Gross negligence
  - Insubordination
  - Violation of the Anti-Harassment and/or Equal Employment Opportunity Policies
  - Failure to properly record time worked or to make a timely report of hours worked
  - Undue and unauthorized absence from duty during regularly scheduled work hours
  - Deliberate non-performance of work

- Larceny or unauthorized possession of, or the use of, property belonging to the YMCA, or any co-worker, visitor, or customer of the YMCA.
- Possession of dangerous weapons and/or ammunition on the premises illegally
- Unauthorized possession, use, or copying of any records that are the property of YMCA.
- Excessive absenteeism or lateness
- Marring, defacing or other willful destruction of any supplies, equipment, or property of the YMCA.
- Failure to call or directly contact your supervisor when you will be late or absent from work.
- Fighting or serious breach of acceptable behavior
- Reporting to work or being under the influence of drugs or alcohol during work time or on Y premises or at Y program locations; possessing, distributing or manufacturing controlled substances
- Theft
- Violation of the YMCA's Confidentiality Policy
- Illegal gambling, conducting games of chance or possession of such devices on the premises or during work hours.
- Leaving the work premises without authorization during work hours
- Sleeping on duty
- Using mobile phones or other devices to record and photograph on YMCA property without the approval of the Executive Director.
- Inappropriate or unprofessional interactions with members, program participants, or YMCA stakeholders

This list is intended to be representative of the types of activities that may result in disciplinary action. It is not exhaustive and is not intended to be comprehensive and does not change the employment-at-will relationship between the employee and the YMCA.

I understand that any violation of this Code of Conduct may result in termination.

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

**Date:** \_\_\_\_\_

## Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian



- **Lindsay's Law** is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- **Warning signs** in your family that you or your youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, see your health care professional:
  - Chest pain/discomfort
  - Unexplained fainting/near fainting or dizziness
  - Unexplained tiredness, shortness of breath or difficulty breathing
  - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.



- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.

- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
  - ❖ Link 1: Early recognition
    - Assess child for responsiveness. Does the child answer if you call his/her name?
    - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
  - ❖ Link 2: Early CPR
    - Begin CPR immediately
  - ❖ Link 3: Early defibrillation (which is the use of an AED)
    - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
    - If an AED is not available, continue CPR until EMS arrives
  - ❖ Link 4: Early advanced life support and cardiovascular care
    - Continue CPR until EMS arrives

- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

# Ohio Department of Health Concussion Information Sheet

## For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

#### Signs Observed by Parents of Guardians

- ♦ *Appears dazed or stunned.*
- ♦ *Is confused about assignment or position.*
- ♦ *Forgets plays.*
- ♦ *Is unsure of game, score or opponent.*
- ♦ *Moves clumsily.*
- ♦ *Answers questions slowly.*
- ♦ *Loses consciousness (even briefly).*
- ♦ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ♦ *Can't recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ♦ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ♦ *Nausea or vomiting.*
- ♦ *Balance problems or dizziness.*
- ♦ *Double or blurry vision.*
- ♦ *Sensitivity to light and/or noise*
- ♦ *Feeling sluggish, hazy, foggy or groggy.*
- ♦ *Concentration or memory problems.*
- ♦ *Confusion.*
- ♦ *Does not "feel right."*
- ♦ *Trouble falling asleep.*
- ♦ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ♦ *No athlete should return to activity on the same day he/she gets a concussion.*
- ♦ *Athletes should **NEVER** return to practices/games if they still have **ANY** symptoms.*
- ♦ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>



## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

### Resources

ODH Violence and Injury Prevention Program  
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.