

Climbing Wall Volunteers

Thank you for your interest in volunteering for the YMCA climbing wall.

We are always looking for volunteers who are excited about introducing our clients to the sport of rock climbing. You do not need to have any climbing experience to volunteer, however, you must have the right attitude. We are here to help our patrons achieve their personal goals. For many this may mean a single climb to the top. Others may take this up as a life long sport. Our focus is success and helping people feel good about themselves.

We ask that all of our volunteers to go through a 2-hour training session. In this session, we cover the policies and procedures surrounding the wall. We will also talk about the mission of the YMCA and our particular formula for success. Our volunteers put in a minimum of 16 hours a month, as it fits into their schedule.

To become a volunteer, please fill out the attached forms and bring them to the next volunteer meeting. To find out when the next volunteer meeting date is, please call the Climbing Wall Coordinator at the YMCA, 733-8630. Also attached is the Volunteer Job Description. Please review this and if you have any questions, feel free to contact the YMCA.

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

Climbing Wall Coordinator



Whatcom Family YMCA • 1256 N. State St • Bellingham, WA 98225 • www.whatcomymca.org
For more information call (360) 733-8630

Job Title: Volunteer Climbing Wall Facilitators

Reports to Climbing Wall Coordinator

One of the goals of the Climbing Wall is to give everyone the opportunity to reach their highest potential. This may take the form of a physical work out, having fun, or overcoming a mental challenge such as a fear of heights.

Basic Assignment

To support each individual in obtaining his or her personal goals as it relates to the climbing wall.

Administrative

1. Make sure each and every climber has a liability waiver signed and on file, that they have read and signed the rules, and have passed the belaying test.
2. Administer the Belaying test to any new climbers and fill out paper work to document the testing.
3. Help document and track usage of the wall.

General Duties

1. Welcome any participant of the wall in a friendly and courteous manner.
2. Report to your shift on time and prepared to open and run the wall.
3. Have a good attitude and be supportive of each individual's goals.
4. Help maintain the climbing wall and the gear associated with it.
5. Inspect personal and YMCA climbing gear to insure it is good condition for use. When in doubt, err on the side of caution.
6. Take any suggestions for improving the wall and be prepared to give suggestion.

Requirements

1. Maintain a current First Aid and CPR Certification.
2. Pass the Volunteer Climbing Wall Certification Test.
3. Attend staff meetings and training.
4. Follow all the climbing wall rules.
5. Smile and have fun.

Whatcom Family YMCA Volunteer Development Program

Name _____ Date _____ Date of Birth _____

Address _____ City _____ Zip _____

Business Phone _____ Home Phone _____ Cell _____

Email Address _____

If you are employed or a student, where? _____

Employer's Name _____ Phone _____

Address _____ Zip _____

In case of emergency contact _____ Phone _____

Are you a member of a YMCA? _____ Which? _____

For how many years? _____

Volunteer Availability

	Days	Evenings		Days	Evenings
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____	Sunday	_____	_____
Thursday	_____	_____	Flexible	_____	_____

Summarize your past volunteer experience. _____

Why are you interested in volunteering with the YMCA? _____



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Volunteer Interest Areas

**CIRCLE your areas of interest.
PUT A CHECK BY your areas of expertise, skill, or training.**

- | | |
|--|--|
| <input type="checkbox"/> Fitness Instructor | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Climbing Wall |
| <input type="checkbox"/> Teen Adventure Programming | <input type="checkbox"/> Medical Expertise |
| <input type="checkbox"/> Marketing/Design Skills | <input type="checkbox"/> Writing Skills |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Weight Room Attendant | <input type="checkbox"/> Aquatic/Lifeguard |
| <input type="checkbox"/> Child Care (assistant group leader,
Story teller, art teacher. | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Fitness Testing | <input type="checkbox"/> Other, Please explain |
| <input type="checkbox"/> Youth Sports | _____ |
| | _____ |

Please tell us a little bit about yourself (school, jobs, family, hobbies, etc.)

Mail completed application to:

Volunteer Development Program
Whatcom Family YMCA
1256 N. State St.
Bellingham, WA 98225
Or
Drop off at the YMCA

If you have any questions or suggestions, please contact Tammy Bennett at 733-8630.



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WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633



REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p>A REQUESTING AGENCY/ADDRESS</p> <p>Whatcom Family YMCA Agency</p> <p>Attn</p> <p>1256 N State St Address</p> <p>Bellingham WA 98225 City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>_____ Authorized Signature Date</p> <p>(360) 733-8630 Title Area Code/Phone Number</p>	<p>B PURPOSE</p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools & ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p>
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C APPLICANT OF INQUIRY (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Whatcom Family YMCA
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

WSP Use Only

Applicant Right Thumb Print (Optional)

MAIL COMPLETED FORM TO:

WASHINGTON STATE PATROL
IDENTIFICATION AND CRIMINAL HISTORY SECTION
PO BOX 42633
OLYMPIA WA 98504-2633

FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:

PHONE: (360) 534-2000

E-MAIL: crimhis@wsp.wa.gov

WSP WEB SITE: <http://www.wsp.wa.gov>

Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.

WATCH WEB SITE: <https://watch.wsp.wa.gov>

CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.*

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97

2. *Applicants must be notified an inquiry may be made.*

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.

3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.*

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

4. *Applicants must be notified of the response.*

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.