EMPLOYMENT APPLICATION - DANVERS COMMUNITY YMCA

Today's Date: _____

PERSONAL INFORMATION

Name (Last, First, Middle) | Social Security Number | Home Telephone Number

Present Address | City | State | Zip

Position Applying For: | Are you 18 years of age or over? Date of Birth if not.

When would you be available to start and when are you available to work? | Are you employed now?

Email Address _____ Cell Phone # _____

EMPLOYMENT HISTORY

Please list all jobs in the last five years beginning with your present or last employer. This can include volunteer work positions.

Name & Address of Employer: | Type of Business | Date Start | Date End

Job Title | Duties and Responsibilities | Phone

Reason for leaving or wishing to leave | May we contact? Yes__ No__

Name & Address of Employer: | Type of Business | Date Start | Date End

Job Title | Duties and Responsibilities | Phone

Reason for leaving or wishing to leave | May we contact? Yes__ No__

Name & Address of Employer: | Type of Business | Date Start | Date End

Job Title | Duties and Responsibilities | Phone

Reason for leaving or wishing to leave | May we contact? Yes__ No__

Name & Address of Employer: | Type of Business | Date Start | Date End

Job Title | Duties and Responsibilities | Phone

Reason for leaving or wishing to leave | May we contact? Yes__ No__

How did you hear about this YMCA position?

Why do you want to work at the YMCA?

More information needed on back

PERSONAL/WORK REFERENCES

Name and Address of 1st Personal Reference — Phone
Relationship to Applicant -

Name and Address of 2nd Personal Reference — Phone
Relationship to Applicant -

Name and Address of 3rd Personal Reference — Phone
Relationship to Applicant -

Name and Address of 4th Family Reference — Phone
Relationship to Applicant -

EDUCATION

SCHOOL	Name and Location	Years Attended (Example 1996-1998)	Course / Major
High School			
College			
Other			

SPECIALTY SKILLS

List any specialty skills that you have that will help with your working at the YMCA:
(Examples are typing skills, Lifeguard Certification, First Aid, CPR, experience and more.)

SPECIAL INFORMATION

Are you prevented from lawfully working in the United States? _____

Form revised 08/20/2010

Additional Information:

The Danvers Community YMCA does not discriminate in employment on the basis of race, color, creed, sex, national origin, age, religion, disability or veteran status.

I certify that the facts set forth in my application are true and complete. I understand that, if employed, false statements or omissions on this application will be grounds for immediate termination of my employment. I authorize the Danvers Community YMCA to at any time procure a report on me. I authorize the Danvers Community YMCA to check all personal and employment references and to verify all information I have included in this application.

If employment is accepted I understand that the YMCA will perform background checks and that my employment will be considered temporary until these checks are complete.

Applicant's Signature _____ *Date* _____

Return to Human Resource Department, Danvers Community YMCA, 34 Pickering Street, Danvers, MA 01923 *Phone-- (978)774-2055*

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*
All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Marianne Britton **Date of birth:** 01/14/57

Address: Danvers Community YMCA, 34 Pickering Street, Danvers, MA 01923 **Telephone number:** (978) 774-2055

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: Marianne Britton **Date:** _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name: _____

Date of birth or approximate age: _____

Address: _____

Personal identifying characteristics:

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Other information (e.g. license plate number, parents' names, etc.): _____

_____

**********WARNING**********

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C– 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS ($1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS ($100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Danvers Community YMCA is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Danvers Community YMCA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Danvers Community YMCA written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:
the The Danvers Community YMCA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that The Danvers Community YMCA must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

SIGNATURE DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

_____

*Last Name *First Name Middle Name Suffix

_____

Maiden Name (or other name(s) by which you have been known)

_____ _____

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____-_____

Sex: ____ Height: ___ft. __ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

_____ _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

_____

Signature of Verifying Employee

_____ 17. Staff and volunteers will report concerns or complaints about other staff, volunteers, adults, or youths to our organization's supervisor / director at 978 -774-2055.

_____ 18. Our organization cooperates fully with the authorities to investigate all cases of alleged abuse. Any staff or volunteer shall cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for termination.

_____ 19. Staff and volunteers may not have engaged in or been accused or convicted of youth abuse, indecency with a youth, or injury to a youth.

I have read, understand and agree to abide by the Danvers Community YMCA code of conduct. Violation may result in termination.

Name: _____ Date: _____

the Y

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Danvers Community YMCA Code of Conduct with Youth

The following policies are intended to assist staff and volunteers in making decisions about interactions with youths. For clarification of any guideline, or to inquire about behaviors not addressed here, contact your supervisor.

Our organization provides our youths with the highest quality services available. We are committed to creating an environment for youths that is safe, nurturing, empowering, and that promotes growth and success.

No form of abuse will be tolerated, and confirmed abuse will result in immediate dismissal from our organization. All reports of suspicious or inappropriate behavior with youths or allegation of abuse will be taken seriously. Our organization will fully cooperate with authorities if allegations of abuse are made that require investigation.

This Code of Conduct with Youth outlines specific expectations of the staff and volunteers as we strive to accomplish our mission together.

_____1. Youths will be treated with respect at all times.

_____2. Youths will be treated fairly regardless of race, sex, age, or religion.

_____3. Staff and volunteers will adhere to uniform standards of displaying affection as outlined by our organization.

_____4. Staff and volunteers will avoid affection with youths that cannot be observed by others.

_____5. Staff and volunteers will adhere to uniform standards of appropriate and inappropriate verbal interactions as outlined by our organization.

_____6. Staff and volunteers will not stare at or comment on youths' bodies.

_____7. Staff and volunteers will not date or become romantically involved with youths.

_____8. Staff and volunteers will not use or be under the influence of alcohol or illegal drugs in the presence of youths.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** _____

B Enter "1" if:
- You're single and have only one job; or
- You're married, have only one job, and your spouse doesn't work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

. . . **B** _____

C Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** _____

F Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
- If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child. **G** _____

H Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, **complete all worksheets that apply.**
- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2017

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	**4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5** _____

6 Additional amount, if any, you want withheld from each paycheck . . . . . **6** $

7 I claim exemption from withholding for 2017, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here . . . . . ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details . . . . . 1 $

2 Enter: { $12,700 if married filing jointly or qualifying widow(er) / $9,350 if head of household / $6,350 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . . 6 $

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $

8 **Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction 8

9 Enter the number from the **Personal Allowances Worksheet,** line H, page 1 9

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3" 2

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4

5 Enter the number from line 1 of this worksheet 5

6 **Subtract** line 5 from line 4 6

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . 7 $

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . 8 $

9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 $

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

_____10. Staff and volunteers will not have secrets with youths and will only give gifts with prior permission.

_____11. Staff and volunteers will comply with our organization's policies regarding in teractions with youths outside of our programs.

_____12. Staff and volunteers will not engage in inappropriate electronic communica tion with youths.

_____13. Staff and volunteers are prohibited from working one-on-one with youths in a private setting. Staff and volunteers will use common areas when working with individual youths.

_____14. Staff and volunteers will not abuse youths in anyway including (but not l limited to) the following:

Physical abuse: hitting, spanking, shaking, slapping, unnecessary restraints

Verbal abuse: degrading, threatening, cursing

Sexual abuse: inappropriate touching, exposing oneself, sexually oriented conversations

Mental abuse: shaming, humiliation, cruelty

Neglect: withholding food, water, shelter

_____ 15. Our organization will not tolerate the mistreatment or abuse of one youth by another youth. In addition, our organization will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take steps needed to eliminate such behavior.

Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.

Verbal bullying – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.

Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.

Cyberbullying– the intentional and overt act of aggression toward another person by way any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:

- Sending mean, vulgar, or threatening messages or images.
- Positive sensitive, private information about another person.
- Pretending to be someone else in order to make that person look bad.
- Intentionally excluding someone from an online group.
- Hazing– an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate.
- Sexualized bullying– when bullying involves behaviors that are sexual in nature. Examples of sexualized bullying behavior include sexting, bullying that involves exposures of private body parts, and verbal bullying involving sexualized languages or innuendos.

Anyone who sees an act of bullying and who then encourages it, is engaging in bullying. This policy applies to all youths, staff and volunteers.

_____ 16. All staff must follow state specific mandatory reporting requirements. Staff should be trained to be aware of and understand their legal and ethical obligation to recognize and report suspicions of mistreatment and abuse. Staff will:

A. Be familiar with the symptoms of child abuse and neglect, including physical, sexual, verbal and emotional abuse.

B. Know and follow organization policies and procedures that protect youths against abuse.

C. Report suspected child abuse or neglect to the appropriate authorities as required by state mandated reporter laws.

D. Follow up to ensure that appropriate action has been taken.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Danvers Community YMCA Employee and Volunteer Handbook Addendum:

Policy for Electronic Communication

This policy defines appropriate usage of electronic communication resources provided to YMCA staff members, and appropriate activities and conditions relating to the usage and communication of YMCA information both within the organization and with outside entities. This policy statement covers security, confidentiality and integrity of information obtained, created or maintained by YMCA staff members.

Usage Philosophy

The YMCA provides access to various information technology resources for its staff members and, in some cases, to volunteers, members, and participants. These resources are provided to facilitate the creation and communications of business relates data in the most effective and efficient manner possible. Resources such as computers, the Internet, e-mail, telephone, fax and photocopy machine are intended for YMCA business only.

All data entered, created, received, stored or transmitted via YMCA equipment is considered YMCA property and is therefore subject to inspection, search and disclosure at all times by the Executive Director and senior management. This is to safeguard the interests of the YMCA and protect it from potential liability.

Core Guidelines

- Communications sent from the YMCA network are identified as originating from the YMCA server and carry the YMCA name. E-mail and Internet usage and communication must reflect well on the organization. Each staff member is responsible for using YMCA e-mail and Internet resources in an acceptable manner.
- Passwords are confidential. Do not provide passwords to anyone except on a "need to know" basis for official YMCA business purposes. Examples of people who may need to know a password are a supervisor needing access to a file in the absence of the staff member, or the Executive Director.
- The electronic communications systems should be used in ways that further YMCA business interests and support work on behalf of the YMCA. Any use of YMCA information or systems for financial gain of a staff member or third party not relating to those interests is strictly prohibited.
- All language used in communications should be professional and courteous. Abusive or obscene content in communications is strictly prohibited.
- Use appropriate business English. In a culturally diverse environment such as the YMCA, the use of slang, humor, sarcasm, or local terminology may not be correctly interpreted.
- E-mail is no different than a written document. A file can be stored in the system indefinitely and be reviewed, if necessary, during legal proceeding involving the YMCA. Take as much care in sending e-mails messages as with any confidential written document.
- Treat all e-mail messages as public information. Senders have no control over messages once they are sent, and recipients may forward the message to people not originally intended to receive them.
- All Internet communications should be treated as public information since those messages are not generally encrypted. No confidential or copyrighted information should be sent through the Internet.
- Confidential information such as performance or disciplinary communications should never be sent electronically.

- Staff members should use discretion when opening, downloading, and saving files sent via e-mail or from the Internet. Prior to placing any file on the network, staff members should scan for viruses.

Software
Only software purchased and licensed by the YMCA, or personally purchased software approved by the Executive Director, may be installed on the YMCA equipment. The Executive Director may periodically conduct an audit of installed computer software. Unauthorized software will be removed.

Personal Use
As a benefit, staff members are permitted limited use of their office computer equipment to type personal items, access personal e-mail accounts and the Internet. Personal files should be saved in a directory named "personal" to facilitate the identification and back up of those files.

All personal use is to be kept to a minimum while at work and is never to conflict with work performance. Extensive personal use of electronic communications resources can disrupt the vital flow of information upon which program participants, volunteers and staff members depend. Any use of YMCA resources must not jeopardize or degrade system performance.

Staff members may make or receive limited personal telephone or cellular calls. Under no circumstances are personal long distance calls to be made at the expense of the YMCA. Staff members are directed to page 18 of the Employee Handbook for further clarification on telephone usage policy.

Prohibited Use
The following areas that are expressly prohibited by the YMCA. The YMCA strictly prohibits:

- Sending or receiving any data that may be construed to violate the values or policies of the YMCA. This prohibition includes sexually explicit or offensive message or images, cartoons or jokes, ethnic or religious slurs, racial epithets or any other statement or image that be construed as harassment or disparagement.
- Accessing another staff member's personal files without their consent.
- Disruptive behavior such as introducing viruses or intentionally destroying or modifying files on the network.
- Intentional misuse of data or equipment.
- Collection and/or transmissions of materials in violation of any federal, state, or local law.
- Chain letters that are mailings with a request to recipients to continue distribution to other.
- Messages to other staff members that serve as advertising or solicitation for personal gain.
- Personal Communication either electronically (i.e. Chat Rooms, Instant Messaging, Text Messaging, Emails, Telephone contact) or otherwise (i.e. mail, personal contact, or through intermediaries) with YMCA members and/or YMCA program participants is highly inappropriate and is strictly prohibited both while at work and on personal time. Examples of appropriate electronic communication and otherwise include changes in class time, cancellation of class, requests for payments, departmental newsletters, etc. that an employee has been directed to do by their supervisor.

Compliance
Failure to comply with this policy will be presented to the Executive Director or department head for disciplinary action, up to and including discharge.

I have read and understand the Policy for Electronic Communication.

Staff Signature_____Date_____

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FOR SOCIAL RESPONSIBILITY

EMPLOYEE HANDBOOK
ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge the following:

- I have received a copy of the Danvers YMCA Employee Handbook. I understand that it is my responsibility to read and understand the policies, rules, and benefits described in this handbook.
- I understand that if I have any questions regarding this information I should consult my supervisor or the human resources department.
- I understand that the Y has the right to change these policies, rules, and benefits without notice.
- I understand that future changes in policies and procedures may modify, suspend, supersede, or cancel those found in this handbook, in whole or part, and that I and other employees typically will be notified of such changes through normal communication channels.
- I understand that the benefits information in this handbook is only a brief summary and that I can find more information on these plans in informational material and plan documents. If any discrepancies occur between information in this handbook and the actual plan documents, I understand that the plan documents will prevail.
- I understand that any written or oral statements by a supervisor contrary to this handbook are invalid and should not be relied upon.
- I expressly understand that this handbook is provided as a guide and that it does not constitute a contract of employment. Rather, I acknowledge that my employment with the YMCA is on an at-will basis, which means that the employment relationship may be terminated at any time, by either the Y or by me, with or without cause and with or without prior notice.
- I understand and agree that I will read and comply with the policies and information contained in this handbook and that my continued employment is contingent on my following these policies.

_____ _____
Signed Today's date

_____
My name (print)

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*

Address *(Street Number and Name)*	Apt. Number	City or Town	State	Zip Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
	- -		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number ***OR*** *Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy)*:

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date *(mm/dd/yyyy)*:

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP ***Employer Completes Next Page*** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ *(See instructions for exemptions.)*

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name *(Family Name)*	First Name *(Given Name)*	Employer's Business or Organization Name
Britton	Marianne	Danvers Community YMCA

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	Zip Code
34 Pickering Street	Danvers	MA	01923

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	B. Date of Rehire *(if applicable) (mm/dd/yyyy)*:

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy)*:	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**9.** Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

the YMCA®

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DIRECT DEPOSIT FOR PAYCHECKS

Please put my paycheck into the following account for direct deposit.

Attach blank check here with VOID written across the check,

OR

Write the numbers from left to right on the bottom of your account check below:

_____

_____

Employee Signature for Direct Deposit Date

YMCA RETIREMENT FUND
SAVINGS FOR LIFE

403(B) SMART ACCOUNT

This form should be used to open, change, or decline a 403(b) contribution amount. This request will replace any previous request.

Employee Authorization

☐ Male ☐ Female ☐ Single ☐ Married ☐ Divorced ☐ Widowed

First Name _____ Middle _____ Last Name _____ Date of Birth (mm/dd/yyyy) ___/___/___

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Name of your YMCA _____

Job Title _____ Date of Hire (mm/dd/yyyy) ___/___/___ Social Security Number ☐☐☐-☐☐-☐☐☐☐

Choose one:

☐ a contribution of_____ % of my salary, **per pay period** to begin on _____/_____/_____ (mm/dd/yyyy)

☐ a contribution of $ _____ **per pay period** to begin on _____/_____/_____ (mm/dd/yyyy)

☐ a one-time contribution of $ _____ **from my paycheck** on _____/_____/_____ (mm/dd/yyyy)

☐ **I decline to participate in the 403(b) Smart Account**

I understand that these funds are for use as an annuity at retirement or a distribution upon termination of employment in accordance with the terms of the Savings Plan. In the event of my death prior to retirement or termination, my account balance will be paid to my named beneficiary(ies).

If I authorize a contribution to the 403(b) Smart Account, by signing here I agree to the *Salary Reduction Agreement* detailed below. I understand that if I am not yet a participant in the Retirement Plan, once I become enrolled in the Retirement Plan and the YMCA starts making contributions on my behalf, this may reduce the amount I am eligible to contribute to my 403(b) Smart Account.

EMPLOYEE SIGNS _____ ___/___/___ Date (mm/dd/yyyy)

YMCA Authorization (Human Resources Department)

(Name of YMCA) _____ (YMCA #) _____ agrees to the terms of the Salary Reduction Agreement below and will send the YMCA Retirement Fund the stated employee's contribution for his/her 403(b) Smart Account.

LOCAL PLAN ADMINISTRATOR SIGNS _____ ___/___/___ Date (mm/dd/yyyy)

Keep this completed form at your YMCA. Do not send it to the Fund. Use YERDI to process all 403(b) Smart Account contributions.

Salary Reduction Agreement

This salary reduction agreement enables a YMCA employee to make pre-tax contributions (excluding Social Security and Medicare taxes) to the YMCA Retirement Fund Tax-Deferred Savings Plan ("Savings Plan") to be allocated to his or her Savings Plan account ("Account").

We, (participating YMCA and employee), agree that the employee's compensation (as defined in the Savings Plan) will be reduced as stated on this form. The voluntary contributions will be contributed to the employee's Account in the Savings Plan. Salary reductions apply only to compensation earned after completing this agreement and cannot be retroactive. Employees are always vested in their Account.

Contributions made under this agreement are not subject to federal income tax until distributed and may not exceed federal contribution limits. Any contributions over the limit will be returned to the employee and will be part of taxable compensation. Contributions are not reported as a part of "wages, tips, other compensation" subject to federal income tax on the participant's IRS Form W-2 (however, they will be reported elsewhere on the form). Contributions are subject to Social Security taxes, and may be subject to state income tax. Responsibility for withholding and reporting any state income tax rests with the YMCA.

Changes in contributions of a set dollar amount each payroll period will require that a new form be completed by both the YMCA and the employee. If the contributions are based on a percentage of compensation, there is no need to fill out a new form for compensation changes, unless the participant so chooses.

The IRS permits pre-tax saving as a method of building savings for retirement. There are no withdrawals while working for the YMCA except in the case of personal hardship as provided under federal law. Hardship withdrawals are subject to regular income tax and an early withdrawal penalty tax if the employee is not 59½.

If the participating employee leaves the YMCA, they may leave their Account in the Savings Plan to grow with interest until they begin retirement benefits. Inactive participants with Account balances of $5,000 or less may be subject to an immediate distribution or mandatory rollover as provided under Savings Plan terms and as permitted by federal law. If they withdraw their tax-deferred money, they may roll it over to another eligible employer plan or IRA without tax consequences. However, if they do not roll it over, it is subject to regular income tax and usually an early withdrawal penalty tax if they are not 59½.

This agreement shall continue indefinitely unless the employee chooses to terminate it. It can be revoked by the employee at any time, although contributions will stop at the end of the payroll cycle. Termination of employment terminates this agreement and re-employment requires re-application to open an Account.

This agreement is not an employment contract, and creates no rights to continued employment by the YMCA.

SMART 10/24/14

YMCA Retirement Fund
120 Broadway, New York, NY 10271 1999
Tel 646 458 2400 or 800 RET YMCA
processingdept@ymcaret.org, www.yretirement.org

KEEP A COPY FOR YOUR RECORDS

the YMCA®

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

Dear New Staff Member:

You have an important job at the Danvers Y. We want each staff member and any children in our facility to have fun and be safe at any given time at our Y.

Before you start working at our Y, we'd like for you to complete a few online safety training courses. These courses were created by The Redwoods Group, our insurance provider and safety partner.

If you registered for the training previously, please log on with your existing username and password at http://www.firstnetcampus.com. If you have not registered for the training, follow these instructions:

1. Visit http://www.firstnetcampus.com/ymca
2. IClick on "I Am A New User"
3. Select [MA] and [Community YMCA of Danvers MA]
4. Enter the Access Code 002741
5. Fill out the registration information and create a user name and password

Once you logon, click on the box labeled "Youth Programs" and please complete the course(s) required by your supervisor and/or your position. You will be asked to take a 10 question quiz at the end of each course. A score of 80% will allow you to pass the course and receive a certificate. For all staff, prior to beginning work, this certificate(s) must be turned into Human Resources at the Danvers Y. **All** staff **MUST** take Child Sexual Abuse Prevention course at a **minimum,** which is located under "Core Courses" on the left menu. To print out your certificates, click on student center, then click the icon "Print Certificates". Your supervisor may require additional courses depending on where you work in our Y.

Once again, thank you for signing up for the best job in the country. You will make the difference in a child's life, as long as you pair fun and safety together. Please let us know if you have any questions as you work through the material and thanks for the time you will give it.

Sincerely,

Leonard J Mercier

Len Mercier
CEO

Danvers Community YMCA
34 Pickering Street, Danvers, MA 01923
P 978-774-2055 F 978-750-4457 www.danversymca.org Leonard J. Mercier, CEO

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EMPLOYEE HANDBOOK
ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge the following:

- I have received a copy of the Danvers YMCA Employee Handbook. I understand that it is my responsibility to read and understand the policies, rules, and benefits described in this handbook.
- I understand that if I have any questions regarding this information I should consult my supervisor or the human resources department.
- I understand that the Y has the right to change these policies, rules, and benefits without notice.
- I understand that future changes in policies and procedures may modify, suspend, supersede, or cancel those found in this handbook, in whole or part, and that I and other employees typically will be notified of such changes through normal communication channels.
- I understand that the benefits information in this handbook is only a brief summary and that I can find more information on these plans in informational material and plan documents. If any discrepancies occur between information in this handbook and the actual plan documents, I understand that the plan documents will prevail.
- I understand that any written or oral statements by a supervisor contrary to this handbook are invalid and should not be relied upon.
- I expressly understand that this handbook is provided as a guide and that it does not constitute a contract of employment. Rather, I acknowledge that my employment with the YMCA is on an at-will basis, which means that the employment relationship may be terminated at any time, by either the Y or by me, with or without cause and with or without prior notice.
- I understand and agree that I will read and comply with the policies and information contained in this handbook and that my continued employment is contingent on my following these policies.

_____ _____
Signed Today's date

_____
My name (print)

the YMCA

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

Dear New Staff/Returning/Staff/Volunteers:

We are excited to have you join our YMCA family, as a staff member or volunteer. It is important that you understand the policies and procedures that relate to your position.

Before you start working, we need you to complete a few online safety training courses. These courses were created by The Redwoods Group, our insurance provider and safety partner. **You cannot start work without turning your certificates in to either your supervisor or HR for these courses.**

For staff who have already registered with Redwoods before, use this link:
https://redwoodsinstitute.csod.com/client/redwoodsinstitute/default.aspx

New Staff register for training here: https://redwoodsinstitute.csod.com/selfreg/selfreglogin.aspx

1. Fill in First Name, Last Name, and email address. Put in code (2741) & hit next.
2. Select user name and password
3. Your supervisor will check off the Department you are in; do just the courses listed in your area (see below).

Aquatics: Preventing Member Slips & Falls, Child Abuse Prevention, Professional Life Guard, Shallow Water Blackout

Camp: Day Camp Supervision, Bullying Prevention, Child Abuse Prevention, Appropriate Touch, Transportation Safety, Aquatic Safety

Corporate Services: Risk Management, Child Abuse Prevention, and as assigned.

Facility Services: Volunteer Child Abuse Prevention, Prevent Member Slip/Trips/Falls, Safe Lifting

Health/Wellness: Preventing Member Slips & Falls, Volunteer Child Abuse Prevention

Member Services: Preventing Member Slips & Falls, Volunteer Child Abuse Prevention

Youth Programs: Preventing Member Slips/Trips/Falls, Child Abuse Prevention, Bullying Prevention, Appropriate Touch, and Y Before & After School Program Safety, Transportation Safety

Cardio/Fitness: Preventing Member Slips & Falls, Volunteer Child Abuse Prevention

Volunteers: Preventing Member Slips & Falls, Volunteer Child Abuse Prevention

You will be asked to take a 10 question quiz at the end of each course. A score of 80 will allow you to pass the course and receive a certificate. Prior to beginning work certificates must be printed & turned into your supervisor or Human Resources at the Danvers Y.

Once again, thank you for signing up for one of the best jobs in the country. You will make the difference in a child's life, as long as you pair fun and safety together. Please let us know if you have any questions as you work through the material and thanks for the time you will give it.

Sincerely,

Lenny Mercier
CEO

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