



YMCA VOLUNTEER APPLICATION VOLUNTEER TO DO SOMETHING GOOD!

As a community service organization, the YMCA thrives on people helping people. The act of sharing, teaching, giving and working with others can bring a new dimension to your life. Volunteer your time and energy for a program or committee and see what you get in return! Fill out this form and return it to a branch Member Service Center.

Name: _____ Phone: _____
Are you 18 years of age or older? _____

Address _____
Email address _____
Branch applying to: _____

Please list any specialized work experience: _____

RECORD OF EDUCATION

High School _____ Yrs completed _____
College _____ Yrs completed _____
Other _____ Yrs completed _____

What certifications or trainings do you have that could help you with your volunteer position?

WHAT ARE YOUR VOLUNTEER INTERESTS?

See handout for details of positions.

Active Older Adults _____	Preschool/Youth Aquatics _____
Adult Fitness _____	Preschool/Youth Dance _____
Adult Aquatics _____	Preschool/Youth Sports _____
Child Care _____	Member Service Desk _____
Clerical Assistant _____	Special Events _____
Committee Work _____	Strength Training _____
Maintenance _____	Teen Chaperone _____
Foliage Care _____	Teen Leader _____
Marketing/PR _____	Volunteer Coordinator _____
Parent/Child Classes _____	Other: _____

As an Instructor _____ As an Assistant _____

OVER PLEASE.....

AVAILABILITY

Are you applying to fill a requirement? No _____ Yes _____

If Yes:

Court Referral _____ Welfare Reform _____ Educational Requirement _____

Other _____

How many hours would you like to volunteer? _____ Weekly _____ Monthly _____

What times are you available? _____

What period of time are you willing to commit to the YMCA as a volunteer?

Unlimited _____ Year _____ 6 Months _____ 3 Months _____ 1 Month _____ # of Hours _____

How did you hear about our volunteer opportunities?

REFERENCES REQUIRED

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

I understand that any false statement made as part of this application will be considered sufficient cause for dismissal. I also grant permission for the authorities of this institution to investigate my references and release said institution from and all liability resulting from such investigation.

Date _____ Signature _____

FOR OFFICE USE ONLY:

REFERENCE NAME: _____ DATE: _____ Comments: _____

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