VOLUNTEER APPLICATION

Name: _____ Date: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please check which description fits your current status:

__ Employed Full-time __ Employed Part-time __ Student Full-time __ Student Part-time __

__ Retired __ Stay-at-home Parent __ Other: _____

Why would you like to volunteer for the YMCA?: _____

_____

What do you hope to gain from volunteering? _____

_____

What days are you available to volunteer? _____

What times are you available? _____

What areas of the YMCA would you like to volunteer? (check all that apply)

___ School-Age Programs/Camp   ___ Administration   ___ Coaching

___ Special Events   ___ Teens   ___ Fundraising

Are you currently certified in any of the following: (if so, please list expiration date)

CPR _____ CPR-PR _____ First Aid _____ Lifeguard _____ AED _____ Ocy Admin _____ WSI _____

Are you interested in volunteering: ___ One-Time   ___ Set number of hours (_____)   ___ On-going

---

References: (please list 3 – do not include family members or classmates)

Name: _____ Phone number: _____

Relationship: _____ Years known: _____

Name: _____ Phone number: _____

Relationship: _____ Years known: _____

Name: _____ Phone number: _____

Relationship: _____ Years known: _____

Background Check:

Have you ever been convicted of any child abuse offense? **Yes** or **No**

Have you ever been convicted of a criminal charge? **Yes** or **No**   If yes, please explain: _____

Signature: _____ Date: _____