

Application For Volunteer Service

Name: _					D	ATE:			
	Last	FI	rst M	IDDLE					
STREET ADDRESS:									
CITY:				TE:	ZIP CODE:				
HOME PHONE:				WORK PHONE:					
EMERGENCY CONTACT NAME:				PHONE:					
EMAIL ADDRESS:									
AVAILABILITY									
TO HELP US PLACE YOU IN THE BEST VOLUNTEER JOB FOR YOU, PLEASE ANSWER THE FOLLOWING QUESTIONS.									
DAYS AND HOURS OF THE WEEK YOU CAN WORK?									
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
HOURS									
Number of hours per week you would like to volunteer? Date you can start?									
	NTERESTED IN:		G VOLUNTEER WORK						
THE YMCA SERVES PEOPLE OF ALL AGES AND BACKGROUNDS. CIRCLE THE GROUP(S) YOU WOULD LIKE TO WORK WITH:									
				F. ADULTS G. FAMILIES H. SENIOR CITIZENS I. PHYSICALLY CHALLENGED J. MENTALLY CHALLENGED					
WHERE WOULD YOU LIKE TO WORK WITHIN THE YMCA FACILITIES? CIRCLE AS MANY AS YOU LIKE (NOT ALL YMCAS									

WHERE WOULD YOU LIKE TO WORK WITHIN THE YMCA FACILITIES? CIRCLE AS MANY AS YOU LIKE (NOT ALL YMCAS HAVE THESE FACILITIES):

A. OFFICE
B. MEMBERSHIP DESK
F. AEROBIC STUDIO
C. POOL
G. NURSERY
J. NEIGHBORHOODS
D. FITNESS CENTER
H. SCHOOLS
K. ANY LOCATION

WHAT VOLUNTEER JOB(S) AF	WHAT VOLUNTEER JOB(S) ARE YOU APPLYING FOR (SEE VOLUNTEER JOB GUIDE):								
EDUCATION COMPLETED?	JR. HIGH	High School	College Degree						
HIGHEST DEGREE(S)		Course of Study	'						
PAID OR VOLUNTEER WORK EXPERIENCE (JOB TITLE, NAME AND COMPANY):									
To protect our children, the YMCA does a criminal records check on all volunteers. May we run a records check on You? YES NO									
REFERENCES: PLEASE GIVE THE NAMES OF 3 PEOPLE <u>NOT</u> RELATED TO YOU WHO YOU HAVE KNOWN FOR AT LEAST 2 YEARS AND A PHONE NUMBER AND ADDRESS WHERE THEY CAN BE REACHED:									
1. NAMEADDRESS									
2. NAME		Phone							
3. NAME	SS PHONESS								
THANK YOU FOR YOUR INTEREST IN VOLUNTEERING. WE WILL CONTACT YOU SOON TO SET UP AN INTERVIEW. PLEASE BE AWARE THAT WE DO NOT TRADE OUT MEMBERSHIPS OR PROGRAMS IN EXCHANGE FOR VOLUNTEERING.									
OFFICE USE ONLY									
1. TITLE		RT DATE							
DEPARTMENT		RVISOR RT DATE							
			EHR						
			_ END DATE						
DEPARTMENT	SUPER	₹VISOR	EHR						

YOUR YMCA, REFLECTING ITS JUDEO-CHRISTIAN HERITAGE, IS AN ASSOCIATION OF VOLUNTEERS, MEMBERS AND STAFF OPEN TO AND SERVING ALL, PROVIDING PROGRAMS AND SERVICES WHICH DEVELOP SPIRIT, MIND AND BODY. FINANCIAL ASSISTANCE IS AVAIALBE BASED ON NEED. THE YMCA ACTIVELY SEEKS TO IDENTIFY AND INVOLVE THOSE IN NEED.

OUR VALUES:

CARING • HONESTY • RESPECT • RESPONSIBILITY