



# Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Alt: \_\_\_\_\_

Employer or School: \_\_\_\_\_ Address: \_\_\_\_\_

May we contact your school or employer? \_\_\_\_ Yes \_\_\_\_ No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a member of the YMCA? \_\_\_\_\_ If yes, how long: \_\_\_\_\_

## VOLUNTEER AVAILABILITY

	<u>Days</u>	<u>Evenings</u>		<u>Days</u>	<u>Evenings</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	Sunday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	<input type="checkbox"/>

Summarize your past Volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with the YMCA? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about you (school, jobs, family, interests, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH COPY OF DRIVERS LICENSE OR PHOTO I.D.:  YES  NO

ATTACH COPY OF SOCIAL SECURITY CARD:  YES  NO

I, \_\_\_\_\_ READ THE ATTACHED COPY OF THE YMCA'S  
CODE OF CONDUCT