



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

TRI-CITIES FAMILY YMCA VOLUNTEER APPLICATION PLEASE PRINT

Full Name _____ Date of Application _____

Address _____ City, State, Zip _____

Phone _____ E-mail Address _____

Are you a current member of YMCA? ___Yes ___No

Have you ever volunteered for the YMCA before? ___Yes ___No

Are there any felony charges pending against you? ___Yes ___ No

Have you ever been convicted of a crime (other than minor traffic violations)? ___Yes ___ No
 If yes, state crime and date: _____

Are you interested in one-time special event volunteer opportunities with the YMCA? _____Yes_____No

Are you interested in a long-term volunteer commitment with the YMCA?___Yes _____No

Please describe any specific volunteer opportunity, program or special event you are applying for:

I have a strong interest in volunteering in the following area(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Youth Sports Programs | <input type="checkbox"/> Building & Grounds Work | <input type="checkbox"/> Older Adult Programs |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Youth Basketball League | <input type="checkbox"/> Staff Development |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Aquatics Programs | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Fundraising/Annual Campaign |
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Other: please list here _____ | |

Name of child you wish to volunteer with:_____

Name of volunteer you wish to join:_____

AVAILABILITY: Dates available to volunteer (e.g., semester, summer)_____

(Please list times)	MORNING	AFTERNOON	EVENING
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

What current skills and experiences do you have that may be relevant to a YMCA volunteer experience? (examples: computer skills, program experience, qualifications/certifications, etc.) Explain:

REFERENCES: (i.e. neighbor, employer, teacher)			
Name	Organization	Relationship	Phone and email

EMERGENCY CONTACT:

 Name Relationship Phone

 Name Relationship Phone

The Tri-Cities Family YMCA provides equal opportunity to all, based upon individual merit and without regard to race, color, religion, national origin, sex, age, height, weight, family status, marital status, or disability which, if needing accommodation, may be reasonably accommodated as required by law.

I certify that all of the statements made by me in this application are true. This application will serve as declaration of my intention to be considered for volunteering as agreed upon with the YMCA. As a Tri-Cities Family YMCA volunteer, I understand and agree to uphold the high standards of service excellence maintained at the YMCA. In doing so, I will conduct myself in a way that my behavior demonstrates the YMCA principles of:

- Caring
- Honesty
- Respect
- Responsibility

NOTE: At the time of volunteering a criminal background check will be required.

Volunteer's signature _____ Today's date: _____

<u>Director Use</u>	
Area of Interest: Aquatics____ Health & Wellness____ Maintenance____ Clerical____ Childcare____ Youth Sports____ Customer Service____	
Supervisor_____	Start Date:_____
Completed: Application_____	Bkgd Check____ Work Permit____ References_____