



Staunton-Augusta Family YMCA VOLUNTEER APPLICATION

PLEASE PRINT

NAME _____ SEX _____ AGE _____ BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME/CELL PHONE _____ E-MAIL ADDRESS _____

WORK PHONE _____ OCCUPATION _____

ARE YOU A CURRENT YMCA MEMBER? () YES () NO

EMERGENCY CONTACT

Name _____ Phone _____

Address _____ City _____

Describe the skills/characteristics/experience/certifications you possess that would help you succeed in the area in which you are interested. _____

When are you available to volunteer?

Days of the week _____ Between the hours of _____

How long do you anticipate being able to volunteer: _____

Comments: _____

What do you expect to gain from participating as a volunteer with the YMCA? _____

How did you learn about the volunteer positions available at the YMCA? _____

References (NOT relatives):

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

I UNDERSTAND THAT AS A VOLUNTEER FOR THE YMCA, I WILL BE SUBJECT TO A BACKGROUND CHECK INCLUDING CRIMINAL HISTORY.

Applicant's Signature

Date