

CHANGE LIVES CHANGE YOUR COMMUNITY



VOLUNTEER APPLICATION FOR Danville Family YMCA

Mark all of the areas you are interested in volunteering:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> Special Events | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Greeters |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Wellness/Fitness | <input type="checkbox"/> Child Watch | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Tutor/ Mentor | <input type="checkbox"/> Teens |
| <input type="checkbox"/> We Build People - Annual Fundraising Campaign | | | |

Name _____ Date _____

Phone _____ Email _____

Are you over 16? Yes No If under 16, current age: _____ Have you ever volunteered at the Y before? Yes No

Days available to volunteer:

Please mark the days and times you are available to volunteer.

(Week days) Monday _____ Tuesday _____ Wednesday _____ Thursday _____
(Weekends) Friday _____ Saturday _____ Sunday _____

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes Yes No

Why are you interested in volunteering with the YMCA?

Are you required to volunteer? Yes No If yes, # of hours needed: _____

Deadline: _____

Name of school/agency/government body requiring community service:

REFERENCES:

List three references that have known you at least three years whom you authorize us to contact:

Type:	Name:	Contact info:	Years Known
<input type="checkbox"/> Family Member		Email: Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email: Phone:	
<input type="checkbox"/> Personal <input type="checkbox"/> Professional		Email: Phone:	

**References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian. **

Signature of Applicant _____ Date _____

Parent Signature _____ Date _____
 (if applicant is under 18)

