



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## DANVILLE FAMILY YMCA VOLUNTEER APPLICATION

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you under 18?  Yes  No If under 16, current age: \_\_\_\_ Have you ever volunteered at the Y before? Y  N

### 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?

\_\_\_\_\_

What areas are you interested in volunteering with the YMCA?

\_\_\_\_\_

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

(Note: We are not permitted to authorize Court Ordered Volunteers at the YMCA.)

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)

