



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Williams YMCA Volunteer Application - 2017

Please indicate your areas of interest:

- Administration/ Clerical Adult Sports Annual Campaign Aquatics
- Greeters Child Development Special Events Tutor/ Mentor
- Youth Sports Youth Programs Wellness/ Fitness Other: _____

Name: _____ **DOB:** _____

Address: _____ **City, State, Zip:** _____

Email: _____ **PhoneNumber:** _____

Have you ever volunteered at the YMCA before? Yes No

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, how many hours are needed? _____ Deadline: _____

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

Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Type	Name	Contact Info Email & Phone	Years Known
Family Member		E: P:	
Personal or Professional		E: P:	
Personal or Professional		E: P:	

Applicant Signature: _____ **Date:** _____

Parent Signature (if applicant is under 8): _____ **Date:** _____