

VOLUNTEER APPLICATION

Name	Phone	Birthdate
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Address:
City, State, ZIP

In case of Emergency, Contact:	Phone:
Employer or School:	
Supervisor's (or Counselor's Name)	Phone:

Mailing Address:

May we contact your employer/school to recognize your volunteer efforts? Yes No

Are you a member of the YMCA? Yes No If yes, which branch?

	AM	PM		AM	PM
Monday	-	-	Friday	-	-
Tuesday	-	-	Saturday	-	-
Wednesday	-	-	Sunday	-	-
Friday	-	-	Flexible	-	-

Summarize your past volunteer experience:

Why are you interested in volunteering at the YMCA?
 School Requirement Court Appointed Community Service In-house Suspension Personal Reasons Other

Have you ever been convicted of a crime? Yes No

If yes, under what name were you convicted, what was the nature of the offense, when, where, and disposition?

<p>Interest Areas: Please check areas of interest</p> <input type="checkbox"/> Membership <input type="checkbox"/> Fitness Center <input type="checkbox"/> Baby-sitting <input type="checkbox"/> Housekeepign <input type="checkbox"/> Aquatics	<input type="checkbox"/> Fundraising <input type="checkbox"/> Office <input type="checkbox"/> Youth Sports <input type="checkbox"/> Other (please explain)
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