



VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The YMCA of Southern Indiana believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.

PLEASE PRINT:

First Name: _____ Last Name: _____
Date of Birth: _____ E-mail: _____
Address: _____ Home Phone: _____
City: _____ Work Phone: _____
State: _____ Zip Code: _____ Cell Phone: _____
Best time to contact you: _____
Drivers License # _____ Social Security # _____
Marital Status? Married Single
How many children do you have, if any? _____

What is your occupation? (please be specific) _____

Please check which description(s) fits your current status:
 Employed full-time Student full-time
 Employed part-time Student part-time
 Retired Stay-at-home parent Other _____

Why would you like to volunteer for the YMCA? _____

What do you hope to gain from volunteering? _____

Do you have children involved in any YMCA programs? Yes No

Y VOLUNTEERS TM

We build strong kids, strong families, strong communities.

Please check how you learned about volunteering at the YMCA of Southern Indiana.

- Member YMCA
- YMCA Staff/Volunteer
- Other: _____

In what areas of the YMCA would you like to volunteer? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Member Services | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Administration (filing, scanning) | <input type="checkbox"/> After School (Homework Tutor) |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Coaching | |

Please circle the time(s) you are available to volunteer.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
morning	morning	morning	morning	morning	morning	morning
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon
evening	evening	evening	evening	evening	evening	evening
Morning (open-12:00pm)		Afternoon (12:00-6:00pm)		Evening (6:00pm-close)		

PLEASE NOTE: Please note that due to the specialized nature of some YMCA volunteer positions, specific eligibility criteria will be applicable

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Current or Past Volunteer Experience/Training, Certification and/or Education (related or other):

References: (Minimum 2)

Name:
Phone Number:
Relationship:



References (continued)

Name:
Phone Number:
Relationship:

Name:
Phone Number:
Relationship:

Consent to Collection and Disclosure:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

I hereby give my permission for the YMCA to obtain information relating to my criminal history record. I understand that this information will be used to determine my eligibility for a volunteer position with the YMCA of Southern Indiana. I also understand that as long as I remain a volunteer here, they may repeat this criminal history record check at any time.

I also consent to the use of any photographs which may be taken to be used by the YMCA in any local or national print or promotional production material.

_____	_____
Applicant's Signature	Date

_____	_____
Parent/Guardian Signature (Required for volunteers under 18 years of age)	Date