



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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



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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"/> After School (Homework Tutor) |
| <input type="checkbox"/> Administration (filing, scanning) | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Mentoring (circle one that applies): |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Aquatics, Group Exercise, Other |

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:

