



VOLUNTEER APPLICATION

To join our YMCA Volunteer Team, please provide a resume and complete the following.

First Name: _____ Last Name: _____

Mr Mrs Miss Ms Other: _____

Age: 13-17 yrs (if box checked, indicate grade in school: _____) 18-24 yrs 25-29yrs 30-54yrs 55 yrs+

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Phone: _____ Relationship to you: _____

Why would you like to volunteer with the YMCA?

What are your top 3 volunteer positions of interest?

1 _____ 2 _____ 3 _____

Which YMCA location would you like to volunteer for? _____

What is your Availability?

Please indicate below by placing an 'X' in the spaces you are available:

	Early Morning (6-9am)	Morning (9-12pm)	Day (12-4pm)	Afternoon (4-8pm)	Evening (8-10pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long do you anticipate committing to being a volunteer?

Short-term 6 mths - 1 year 1+ year Other _____

References (must be at least two professional):

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

3. Name: _____ Relationship: _____

Phone: _____ Email: _____

I voluntarily give the YMCA of Southwestern Ontario the right to make a thorough investigation of my past activities and agree to cooperate in such investigations. I release from all liability or responsibility all persons, companies or corporations supplying information. I understand that any false statements made by me on this application or supplement thereto, or in connection with the above-mentioned investigation will disqualify me for a volunteer position. I further understand that I will be subject to a criminal record check. I hereby verify I have not been charged with a criminal offence for which I have not received pardon.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

if under 18 years of age

At the Y we have 5 Core Values that we live by!

Caring, Honesty, Respect, Responsibility, Inclusiveness

Tell us about your own personal values:

What is your definition of a positive role model?

How do you think you can be successful in a Volunteer role at the Y?

What personal accomplishment are you most proud of?

Did you know...

that 1 in 3 kids in our pools and our camp programs are there because of the YMCA Strong Kids program? Because the Y is a charity, we never turn away an interested participant based on ability to pay.

