



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ADULT Volunteer Application

Date: _____

Name: _____	Male or Female (circle)
Address: _____	Age: _____ Birth Date: ____/____/____
City: _____ State: _____ Zip: _____	Are you a YMCA Member? [] Yes [] No
Home/Mobile Phone: _____	Email Address: _____

Present Employer/School: _____

Present Employer/School Phone: _____

References:

1. _____

Relationship: _____

Phone: _____

2. _____

Relationship: _____

Phone: _____

3. (Must be a relative) _____

Relationship: _____

Phone: _____

Availability: (Please list days & times you are available)

How much time do you wish to spend volunteering?

(Hours per week or total hours overall): _____

Would you prefer to be "on call"? [] Yes [] No

Additional Comments: _____

Please indicate your area (s) of interest:

- [] Childcare/ Babysitting
- [] Dance Chaperone
- [] Fitness Area Instructor/ Attendant
- [] Front Desk/ Clerical
- [] Fundraising
- [] Handyperson
- [] Landscaping & Maintenance
- [] Special Events
- [] Sports Coach or Assistant
- [] Swimming Lessons/Activities
- [] Teen Programs
- [] Other (please note) _____

Record

Have you been convicted of a crime? For the purpose of answering this question, a "conviction" does not include an adjudication of the commission of a juvenile crime, and does not include "civil offenses" such as speeding tickets.

- [] No Record
- [] Yes (If yes, describe in full on back)

I hereby give the Waldo County YMCA permission to do a background check and verify the information given above as a condition of my becoming a volunteer.

Volunteer Signature