

YMCA of the Capital Area Volunteer Application

Name: _____ Sex: _____ Date of birth: ___/___/___

Social Security #: _____ - _____ - _____ Occupation: _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Have you worked with children between the ages of 3 and 14 before? _____

What is your experience working with youth? _____

Type of Volunteer Position you are applying for: (check one)

Coach _____ Official _____ Counselor _____ Other (describe) _____

Have you volunteered for a YMCA in the past? _____ Which Y? _____

Describe your specific skills, characteristics, experience and/or certifications that will help you succeed as a YMCA Volunteer _____

List (3) References: (NOTE: (1) reference must be a family member)

Name: _____ Phone#: _____ Relationship _____

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Have you ever been convicted of a felony or misdemeanor? (circle one) yes no

If yes, please explain _____

Days and times you are available to volunteer:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If volunteering for service hours, please provide the number of hours that you are required to meet _____

I understand that this application does not guarantee that I will be selected as a volunteer with the YMCA. All of the information given above is true to the best of my knowledge and any false information may cause the suspension of my obligations as a YMCA Volunteer. I understand that the YMCA reserves the right to conduct reference and background checks through law enforcement agencies.

Volunteer Applicants signature Date

YMCA Staff signature Date