



VOLUNTEER APPLICATION

NAME			
ADDRESS	CITY/STATE/ZIP		
PHONE	EMAIL		
Are you 18 years or older?			.□ Yes
If you are under 18, do you have permission from a parent/gua	rdian?	Yes	□No
Are you a current or past YMCA member?		🗆 Yes	□No
If so, what branch?			
Have you ever been convicted of a crime (other than minor traf-		☐ Yes	□No
If yes, explain			
Are there any felony charges pending against you?		Yes	□No
HELPIN	NG AT THE Y		
You can help at the Y in a variety of roles supporting youth dev No matter how you devote your time, you'll be working with oth of children and families. Please take a look at the opportunities Check each box that applies.	her volunteers and Y professionals to make a diffe	erence in the l	lives
☐ Aquatics and Water Safety	☐ Wellness and Fitness		
☐ Youth Sports Coach	☐ Advisory Board of Directors		
☐ Customer Service and Member Connection	☐ Fundraising		
☐ Child Care and Child Watch	☐ Other		
☐ Building and Grounds			
I certify that all of the statements made by me in this application termination of my volunteer service with the YMCA of Metropo		nt be false,	
SIGNATURE	DATE		