



Volunteer Application Form

DATE: _____

YMCA Member? Yes No

Best time to reach you: _____

LAST Name: _____

FIRST Name: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

Date of Birth: _____

Male Female

(mm/dd/yyyy)

Email: _____

AREAS OF INTEREST:

- Child Minding
- Coffee Corner
- Fitness Centre
- Group Fitness
- Gymnastics
- Learn to Swim
- Preschool Programs
- Youth Programs
- Afterschool Programs
- Community Hubs
- Maintenance
- Housekeeping
- Philanthropy
- Special Events
- Membership Service
- Administration

AVAILABILITY:

		M	Tu	W	Th	F	Sa	Su
<input type="checkbox"/> Weekly	Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monthly	Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Occasionally	Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why would you like to volunteer? _____

List any qualifications or previous experience that might be relevant to volunteering at the YMCA: _____

REFERENCES:

Name: _____

Phone: _____

Name: _____

Phone: _____

Submit original to the Manager of Marketing and Communication