



VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Day: _____ Evening: _____

Are you 18 years of age or over? _____yes _____no

Emergency Contact

Name: _____

Phone - Day: _____ Evening: _____

Interests

How did you learn about volunteer opportunities at the Summerville Family YMCA?

Have you heard about any particular volunteer opportunities that interest you?

Are there any particular skills, talents, or interests you would like to share?

Are you a member of the YMCA (membership is not required)? _____yes _____no

Other skills (caring for children, languages, etc.)?

When are you able to volunteer?

Days of the week: Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____

Preferred hours _____

Employment History

Please list your occupation

Name of organization/company: _____

Job title and describe work: _____

Background Check

The YMCA conducts background screenings on all of our staff and volunteers. Please provide the following information and complete the attached form to facilitate that process.

Have you ever been convicted of a criminal offense? _____yes _____no

If yes, please explain:

Signature: _____ Date: _____

Parent or guardian's signature _____ Date: _____
(If you are under 18)

I hereby give the Summerville Family YMCA permission to conduct a criminal records check.

NAME _____

AKA and/or MAIDEN NAME (S): _____

DOB: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Signature

Date