



VOLUNTEER APPLICATION

YMCA OF THE TRIANGLE

Please indicate your areas of interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration/ Clerical | <input type="checkbox"/> Greeters | <input type="checkbox"/> Tutor/ Mentor |
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Nursery | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Annual Campaign | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Special Events | <input type="checkbox"/> Wellness/ Fitness |
| <input type="checkbox"/> Caring Network | <input type="checkbox"/> Teens | <input type="checkbox"/> Other: _____ |

Name: _____ **Date of Birth:** _____ **YMCA Branch:** _____

Address: _____ **City, State, Zip:** _____

Email: _____ **Phone Number:** _____

Have you ever volunteered at the YMCA before? Yes No

Have you ever been convicted of a felony? Yes No

Have you had any criminal convictions for child abuse or sex-related crimes? Yes No

Why are you interested in volunteering with the YMCA?

Are you required to volunteer? Yes No If yes, how many hours are needed? _____ Deadline: _____

Name of school/agency/government body requiring community service: _____

Please indicate the days and times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES: List three references that have known you for at least three years whom you authorize us to contact. References may include supervisors, co-workers, faith leaders, teachers or school counselors. One reference must be a family member or guardian.

Type	Name	Contact Information	Years Known
Family Member		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	
Personal or Professional		Email: _____	
		Phone: _____	

Signature of Applicant: _____ Date: _____

Parent Signature (if applicant is under 18): _____ Date: _____