



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Volunteer Application

(Please Print)

Full Name: _____ Social Security Number: _____
Alias or Maiden Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____
Driver's License Number: _____ Date of Birth: ____/____/____
(Information needed for a Background Check)

Volunteer Position Desired:

Sports: _____	Childcare: _____	General Office: _____
Coach: _____	Counselor: _____	Front Desk: _____
Official: _____	Tutor: _____	Filing: _____
Site: _____	Yard Work: _____	Janitorial: _____

Prior involvement with the YMCA: _____

Have you ever been convicted of a felony? _____ YES _____ NO

If yes, when? _____ Where? _____

Have you ever been arrested or convicted of any offense involving assault or abuse related crimes on a child under the age of 18 years? _____ YES _____ NO

What is your county of residence and how long have you lived there? _____

Personal References (2):

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

I agree to the policies and guidelines set forth by the YMCA

Signature: _____

Date: ____/____/____