

# WALLINGFORD FAMILY YMCA VOLUNTEER APPLICATION



NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

Are you over 18 years of age?  NO  YES

Are you a member of the Y?  NO  YES

Have you ever applied for employment with us?  NO  YES If YES, when? \_\_\_\_\_

Do you have your own transportation?  NO  YES

Are you required to volunteer?  NO  YES If YES, how many hours? \_\_\_\_\_ Deadline \_\_\_\_\_

Name of school/agency/governing body requiring community service \_\_\_\_\_

Why are you interested in volunteering for the Wallingford Family YMCA?

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Please indicate your availability to volunteer:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please check your areas of interest:

- Administration/Clerical     
  Child Care     
  Special Events     
  Other \_\_\_\_\_  
 Aquatics     
  Community Support Campaign     
  Welcome Center     
 \_\_\_\_\_  
 Camp Ulbrich     
  Health & Wellness     
  Youth & Teen Programs     
 \_\_\_\_\_

List your specific skills & talents that may be useful in your volunteer work:

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Please list any previous volunteer experience:

AGENCY/COMPANY NAME \_\_\_\_\_ DATES \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

AGENCY/COMPANY NAME \_\_\_\_\_ DATES \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

AGENCY/COMPANY NAME \_\_\_\_\_ DATES \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

Please list three references that know of your abilities & interests

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I, the undersigned, swear that the information provided in this application is true as of the date noted. I understand that a background check will be run if chosen to volunteer and my Social Security number will be needed for this process.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT PRINTED NAME (IF UNDER 18) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_