

Volunteer Application Form

Section 1: Applicant Information						
Name:						
First Name	Preferred Name		Last Name			
Address:						
Preferred Contact Number:		Email Address:				
Emergency Contact Name:		Emergency Contact Number:				
Section 2: Preferences & Availability						
What type of volunteer opportunity are you interested in?		In what area of our YMCA are you interested in?				
□ Programming □ Events □ Committees		☐ Immigrant Services ☐ Youth Recreation ☐ Fitness				
		☐ Homework Club ☐ Aquatics ☐ Other				
Why would you like to volunteer at our YMCA?						
Are you volunteering to fulfill a requirement? ☐Yes ☐No		Number of hours/week available:				
If yes, how many hours to you require?		Available: Available: AM PM Evenings Weekends				
Do you have a preferred location? ☐Yes ☐No If yes, which location:						
Section 3: Volunteer History and Qualifications						
What relevant work/volunteer experience or education do you have?						
Company	Position		From	То		
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What relevant skills, experience, or training/education do you have?						
Language Skills Section						
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English: Beginner Moderate Fluen	it	Other Language 1	_ □ Beginner □ Moderate □ Fluent			
French: Beginner Moderate Fluen	t	Other Language 2	\square Beginner \square Moderate \square Fluent			
Do you hold a current CPR/First Aid Certificate? Yes No Expiry Date (if applicable)						
Section 4: References						
Please provide 3 references below. Suggested references include a co-worker, teacher, coach, religious leader, supervisor, etc.						
Contact Name	Conta	act Number/Email	Relationship			
Section 5: Mandatory Requirements						
Any individual who is 16 years or older will be required to show successful completion of a Criminal Record Check, Vulnerable						
Sector Check, and Child Abuse Registry Check if supervising/interacting with youth before starting as a volunteer.						
Section 6: Acknowledgement						
The information in this application is true and accurate to the best of my knowledge. If under 18 this application must also be						
signed by your parent/guardian.						
Applicant Name:	Applicant S	Signaturo:	Date:			
Applicant Name.	Аррисанс	oignature.	Date.			
Parent/Guardian Name:	Signature:		Date:			
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