



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## VOLUNTEER APPLICATION FOR THE CLINTON COMMUNITY YMCA

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

### Areas of Interest (all that apply):

Art Program

Youth Sports

Strong Kids Annual Campaign

Teaching a Program

Maintenance

Youth Programs

Aquatics

Parent's Night Out

Adult Programs

1:1 Assistance

Special Events

Other

### Reason for Volunteering:

Are you looking to fulfill a school requirement or will you receive school credit for your services? (Circle One) Yes/No

If YES, name of school: \_\_\_\_\_

Number of Hours Needed: \_\_\_\_\_

Deadline to Complete Hours by: \_\_\_\_\_

Are you required to volunteer for Community Service? (Circle One) Yes/No

If YES, name of agency requiring community service: \_\_\_\_\_

Number of Hours Required: \_\_\_\_\_

Deadline to Complete Hours by: \_\_\_\_\_

Please list other reasons you are interested in volunteering:

### Availability (list times next to day):

*Weekdays* Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

*Weekends* Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Related Background:**

Have you previously volunteered or been employed by this or another YMCA? (Circle One) Yes/No

If YES, please list which YMCA and date range: \_\_\_\_\_

List duties performed: \_\_\_\_\_

Have you previously volunteered for other organizations? (Circle One) Yes/No

If YES, please list name of organization and date range: \_\_\_\_\_

List duties performed: \_\_\_\_\_

Current/Most Recent Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Current/Most Recently Attended School: \_\_\_\_\_ Location: \_\_\_\_\_

Current Year in School/Highest Level Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Certifications Held (include date of expiration): \_\_\_\_\_

Other Related Information: \_\_\_\_\_

**References:**

**(may include supervisors, co-workers, faith leaders, teachers/school personnel, or personal acquaintances)**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Years Known: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_