



Branch of Choice: _____

Last Name: _____

First Name: _____

Address: _____

Postal Code: _____

Telephone: _____ **Cell/Business:** _____

E-Mail: _____

Are you currently a member of the YMCA? YES / NO

Why would you like to volunteer at the YMCA?

Relevant Education/Training/Certifications/First Aid/CPR (include expiry date)

Relevant Work Experience

Previous Volunteer Experience

What areas would you be interested in volunteering?

- | | |
|---|--|
| <input type="checkbox"/> Fitness Leadership Classes | <input type="checkbox"/> Conditioning Centre Supervision |
| <input type="checkbox"/> Aquatics & Swim Program | <input type="checkbox"/> Kids Kare |
| <input type="checkbox"/> Child/Youth Programs | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Building / Facility Services |
| <input type="checkbox"/> Membership Services | |

References

1. Name _____ Number _____

Relationship/Occupation _____

2. Name _____ Number _____

Relationship/Occupation _____

3. Name _____ Number _____

Relationship/Occupation _____

Emergency Contact

Name _____ Number _____

Relationship _____

What is your Availability?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

The YMCA of Central East Ontario is committed to a safe environment and to ensuring that all participants are protected and that all volunteers 16 years and older require a criminal record check.

Signature: _____

Volunteer Start Date: _____

For Office Use Only

Date Called _____ Interview Date _____

- Handbook Given
- Criminal Record Check-Vulnerable Sector Check
- Approved Not Approved - Reason _____

Supervisor _____

Program _____