



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

West Suburban YMCA Volunteer Application

(PLEASE PRINT CLEARLY)

Application Date: _____ Name: _____
(LAST) (FIRST)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Mobile Phone: _____

Emergency Contact Person: _____ Emergency Phone Number: _____

Email: _____ Date of Birth: ____/____/____

Are you currently a member of the West Suburban YMCA? _____ How many years? _____

Please detail your current and past work experiences.

Why are you interested in volunteering at the YMCA?

What are your hobbies and interests?

What skills can you contribute to the YMCA?

What type of time commitment are you looking to volunteer for (Program or Internship)?
Program:

- Short Term Volunteer (under 20 hours)
- Special Event or Project Volunteer (Ex. one day events as needed such as Healthy Kids Day, Gala)
- Ongoing Volunteer (Ex. Long-term opportunities in specific departments such as the facilities department, or helping in program areas such as Aquatics, Health and Wellbeing or Childcare.)

Internship:

- Internship (Ex. high school or college students requiring over 20 hours of volunteer time or experience during a specific timeframe to support degree or graduation requirements)



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What department are you interested in volunteering for?

- | | |
|--|---|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Kids' Corner |
| <input type="checkbox"/> Out of School Time (OST) | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Membership/Welcome Center | <input type="checkbox"/> Marketing / PR |
| <input type="checkbox"/> Fitness / Wellness | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Wherever Needed Most |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Camps | |

What age group or population would you prefer to work with?

- | | |
|---|--|
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Elementary School Children | <input type="checkbox"/> Families |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Special Needs |

Will you be receiving academic credit? _____ If yes, how many hours needed? _____

What date are you available to begin volunteering? _____

What days and hours are you available? _____

REFERENCES

Please name two people we can call for references. One should be professional (ex. teacher, manager or religious leader). One should be a family reference.

#1 Name: _____ Phone: _____

Relationship: _____ Length of relationship: _____

#2 Name: _____ Phone: _____

Relationship: _____ Length of relationship: _____

SIGNATURE

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

(If applicant is under 18, a parent or guardian must sign in addition to the volunteer.)

**Please return completed application to: West Suburban YMCA*276 Church Street*Newton, MA 02458.
Attn: Human Resources Department**

**** Prior to volunteering at the West Suburban YMCA, we require each applicant undergo Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) and national background check inquiries. ****