

# Chambersburg YMCA Application for Volunteer Service

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the operation of the YMCA. Without you, we wouldn't be able to meet the needs of the children, families and adults who live in Chambersburg and the surrounding area.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes of your time to fill out this application. It will help us to make the right match between your skills and interests and the opportunities available.

Volunteers who work with children will have criminal and child abuse background checks preformed prior to working with children.

Thank you for your cooperation and understanding in this matter as well as your interest in the YMCA. If you have any questions about this or any part of our application process, please contact Carla Haller at 263-8508.

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you 18 years of age or older? YES NO (If no, please have your parent or guardian sign the application also.)

## **Interest:**

Please check the areas in which you would be interested in volunteering:

\_\_\_ Aquatics \_\_\_ Teens \_\_\_ Computers \_\_\_ Fitness \_\_\_ Maintenance \_\_\_ Preschool

\_\_\_ Clerical \_\_\_ Youth \_\_\_ Babysitting \_\_\_ Sports/Refereeing, Coaching \_\_\_ Other

Are there any particular skills or talents that you'd like to share? \_\_\_\_\_

What other organizations have you volunteered for? (if any) \_\_\_\_\_

Are you a member of the YMCA? YES NO (Membership is not required to volunteer)

## **References:**

Please list two people (not relatives or employers) whom you have known for at least two years and who know you well enough to provide us with a reference.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to you \_\_\_\_\_ How long have you known this individual? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to you \_\_\_\_\_ How long have you known this individual? \_\_\_\_\_

Please list the names of relatives, friends or acquaintances employed by the YMCA and their relationship to you.

## **Emergency Contact:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian's signature if under 18 \_\_\_\_\_ Date \_\_\_\_\_