

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 must complete a PA criminal, PA child abuse and NSOR background checks as well as mandated reporter training 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 Kris Suders 717-263-8508.

Date: _____ Home Phone: _____ Work Phone _____ Cell 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 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 _____ Cell Phone _____

Signature _____ Date _____

Parent or guardian's signature if under 18 _____ Date _____