

YMCA of Simcoe/Muskoka VOLUNTEER APPLICATION



Gender: F / M Title: Mr / Mrs / Ms / Miss Name (First, Last) : _____

Address: _____ City: _____ Postal Code : _____

Phone (home): _____ Phone (other): _____ Email: _____

Work / School Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relation: _____

At which YMCA you would like to volunteer:
Please indicate which day(s) and time(s) you are available:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Why would you like to volunteer at the YMCA?

PROGRAM PREFERENCES: Please prioritize your top three interests (*Not all positions are available at all locations*)

	Ambassador	Providing information on the YMCA's work and community impact to participants and the community – Available in all departments
	Child, Youth & Aquatics	Help a child or youth reach their potential! Includes preschool programs, childminding, child and youth programs and services, special events, aquatics and camp programs.
	Community Services	Provide neighbours in our community with services at our Child Care Centers, After School programs, Employment Services, Newcomer Services, or through our International Education program.
	Facility	Get your hands dirty! Includes maintenance, cleaning and housekeeping.
	Financial Development	Includes fundraising, special events, canvassing and administrative opportunities.
	Fitness & Recreation	Help others get active as a Volunteer Host, Trainer, Group Instructor or Facilitator.
	Service & Sales	Includes greeting guests, administrative and clerical opportunities.

APPLICABLE SKILLS List any appropriate skills - i.e. Certificates held (C.P.R., Aquatics, etc.), Interests and hobbies

CURRENT OR PAST VOLUNTEER EXPERIENCE

AS A YMCA VOLUNTEER

- I am committed to supporting the YMCA Mission, Vision and Values

I understand that prior to commencing my volunteer activity at the YMCA:

- I am required to provide the YMCA with a current Police Reference Check (PRC)
- I will receive from the YMCA specific training for my volunteer role including Policies & Procedures
- I agree to participate in performance evaluations and attend professional development courses as required

I certify that the above information is true and complete to the best of my knowledge. I understand the YMCA will be collecting, using and disclosing my personal information for the sole purpose of managing a volunteer relationship. I consent to the YMCA doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes and to inform me about YMCA programs or services. I consent to the release of my name and address to the YMCA's Financial Development Department to further the YMCA's philanthropic activities.

Name: _____ **Signature:** _____ **Date:** _____
Participant **Participant/Guardian**

FOR OFFICE USE ONLY

Contacted:

Date: _____

Time: _____

Interview:

Date: _____

Time: _____

PRC Reference Check:

Date Sent: _____

Date Received: _____

- PRC attached**
- Declaration attached**

QUALIFICATIONS:

- Aquatics Level**
Certification: _____
Expires: _____
- Standard First Aid**
Expires: _____
- CPR**
Expires: _____
- AED**
Expires: _____
- Adult Fitness**
Certification: _____
Expires: _____

ACTIVATION FORM:

- Attached

PHOTO RELEASE FORM:

- Attached

START DATE: _____

REFERENCES:

Name: _____

Relationship: _____ Phone: (____) _____

Date Checked: _____

Name: _____

Relationship: _____ Phone: (____) _____

Date Checked: _____

PLACEMENT:

Primary Role: _____

Primary Location: _____ Primary Program: _____

Primary Staff Contact: _____

Secondary Role: _____

Secondary Location: _____ Secondary Program: _____

Secondary Staff Contact: _____

NOTES & COMMENTS:

SUPERVISORS SIGNATURE: _____