

# 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: \_\_\_\_\_

**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?**

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

	<b>Ambassador</b>	Connecting members to the YMCA and providing them with knowledge of the YMCA's work and impact on the community - available in all departments
	<b>Child, Youth &amp; Aquatics</b>	Preschool Program, Childminding, Child Program, Youth Program, Youth Special Events, Aquatics, Camp Program
	<b>Community Services</b>	Child Care Centre, School-Age Child Care Program, Youth Services, International Program, Host Program, Mentorship/Partnership Program, Newcomer Program, Employment Services
	<b>Facility</b>	Housekeeping/Maintenance
	<b>Financial Development</b>	Special Events, Canvasser, Administration, Fundraising
	<b>Fitness &amp; Recreation</b>	Wellness Centre Trainer, Wellness Centre Host, Group Fitness Instructor, Recreational Facilitator
	<b>Service &amp; Sales</b>	Member Services

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

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**CURRENT OR PAST VOLUNTEER EXPERIENCE**

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## 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: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_  
Participant/Guardian

Date: \_\_\_\_\_

**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:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISORS SIGNATURE:** \_\_\_\_\_