



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

West Suburban YMCA Volunteer Application

(PLEASE PRINT CLEARLY)

Date of Application: _____

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?

When would you like to begin volunteering? _____

What days and hours would you like to volunteer?



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What department are you interested in volunteering for?

- | | |
|--|--|
| <input type="checkbox"/> Little Y'ers Preschool | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Live Y'ers Elementary Afterschool Program | <input type="checkbox"/> Membership/Front Desk |
| <input type="checkbox"/> Middle School After School | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Membership/Frontdesk | <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 _____ |

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 for your volunteer work? _____

REFERENCES

Please name two people we can call for references. At least one should be professional (e.i, teacher, manager or religious leader).

Name: _____ Phone: _____

Relationship: _____ Length of relationship: _____

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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
For questions, please contact Adrienne Lichten at 617-244-6050 x3033 or
adrienne@westsuburbanymca.org.**

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