

YMCA VOLUNTEER APPLICATION

If you are interested in volunteering at the Randolph-Asheboro YMCA, please complete the following information and return this application to the front desk.

Name _____

Address _____ Zip _____

Phone _____ Are you 18 years or older? Yes _____ No _____

Email Address _____ Social Security Number _____

Name of Business _____ Phone _____

For what types of volunteer work are you applying and with what age groups? _____

What skills and interests would you like to share? _____

When are you available for volunteer service (days/hours)? _____

How did you learn about volunteering at the Y? _____

References:

Name: _____
Phone: _____
Occupation _____
Relationship: _____

Name: _____
Phone: _____
Occupation _____
Relationship: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Driver's Information (For Individuals willing to use their autos in the course of volunteering)

Driver's license # _____ State _____ Auto Insured by _____

Volunteer Signature

Date

YMCA Supervisor's Signature

Date