



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# VOLUNTEER APPLICATION

Thank you for your interest in wanting to become a volunteer at the Sheridan County YMCA. We are excited to have you be a part of our organization.

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

## Volunteer Information:

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

## Reason for volunteering? (Check all that apply)

- Spend time with child/family (parent volunteer)  Give back to the community  Meet people  Volunteering is a requirement: How many hours \_\_\_\_\_ ( Court ordered  School  Other)  Other \_\_\_\_\_

## Program Preference (Check all that apply):

- Youth Sports  Adult Sports  Aquatics  
 Art  Camp  Playland  Snail Mail  Coaching  Refereeing  Janitorial  Weight Room  
 Afterschool  Childcare  Other \_\_\_\_\_

Please list if there is a specific child, team, or school group you would like to coach:

\_\_\_\_\_

## Availability: Special Event Seasonal Call When Needed Varies

Please circle the days and list the times you prefer to volunteer:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_



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Have you ever been convicted of a crime?:  No  Yes (if yes explain) \_\_\_\_\_  
\_\_\_\_\_

**References:**

Please provide two references. At least one must be a professional or school reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation To You \_\_\_\_\_

In the event of my volunteering for the Sheridan County YMCA, I will comply with all policies and procedures set by the organization. I understand that I am required to act in such a manner that represents the Y. I understand that failure to do so may result in my not being able to continue to volunteer at the Sheridan County YMCA. By signing this form, I certify that I have read and understand the foregoing and to the best of my knowledge and belief, the information in this application is true and correct. **I understand that if I am over the age of 19 that I am subject to and agree to a background check.**

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

(Parent/Guardian signature required for volunteers under 18 years old)

**UPDATED: May 2019**