



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Stamford Family YMCA Volunteer Application

### General Information

NAME \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Are you a member of the Stamford Family YMCA? (Not a requirement) \_\_\_Y \_\_\_N how long?

Are you a member of any other YMCA? If yes, which Y? \_\_\_\_\_

Why do you want to volunteer for the Stamford Family YMCA?

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Are you volunteering to fulfill a School/Organization requirement or Internship? \_\_\_Y \_\_\_N

If yes, which School/Organization \_\_\_\_\_ Total Hours Required \_\_\_\_\_

Are you volunteering as part of an organization/business/club? \_\_\_Y \_\_\_N

If yes, which organization/club: \_\_\_\_\_

### Volunteer experience, interests and time available

Have you ever volunteered before?

If yes, where? \_\_\_\_\_

Have you worked with (check all that apply)

Infants (0 - 1 yrs)       Children (2 - 12yrs)       Teens (13 - 17yrs)       Adults (18 - 25yrs)  
 Adults (26 - 35yrs)       Adults (36 - 45)       Adults (46 - 65)       Adults (65+)

How long would you like to volunteer at the Stamford Family YMCA for?

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What would you like to do? Lead after school Aquatics Youth Sports Administration Events

What languages do you speak in addition to English?

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**List 2 personal references**

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Number of years known \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Number of years known \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please list the names of relatives, friends, or acquaintances employed by the YMCA and their relationship to you: \_\_\_\_\_

**Additional information**

Is there anything else you would like to share with us at this time?

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**The information provided in this Volunteer Application is true, correct, and complete. I understand that any misstatement or omission of fact on this application may result in my dismissal or refusal of a volunteer position. I understand that the YMCA follows a "Volunteer at will" policy, which means that Volunteers can be terminated with or without cause and with or without notice at any time at the option of either the Stamford Family YMCA or the Volunteer. I authorize all individuals, schools, and firms named therein, to provide any information requested about me, and I release them from all liability for damage in providing this information. If offered a volunteer position, I agree to uphold the values and mission of the Stamford Family YMCA.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian signature (if applicant is under 18 years of age).

Parent Guardian Signature \_\_\_\_\_