



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stamford Family YMCA Community Service Application

Are you fulfilling a court-ordered requirement? Y N

If yes, which court: _____ Total hours required: _____ Completed by: _____

Does your probation prohibit you from working with children? Y N

General Information

NAME _____

Street Address _____ City _____ State _____ Zip _____

Phone: Day () _____ - _____ Evening () _____ - _____

Email Address _____

Age _____ DOB _____

Available start date:

Are you a member of the Stamford Family YMCA? (Not a requirement) Y N

Are you a member of any other YMCA? If yes, which Y? _____ How long _____

List 2 personal references other than relatives and employers

1. Name _____ Relationship _____

Number of years known _____

Phone () _____

2. Name _____ Relationship _____

Number of years known _____

Phone () _____

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?

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: _____

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

Parent Guardian Signature _____

Date:

For office use only		
Date received _____	Date reviewed _____	Department placed _____