



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?

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?

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

What languages do you speak in addition to English?

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?

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 _____