



YMCA of Lethbridge Volunteer Application Form

Adult ages 18+

Personal Information

First Name: _____ Last Name: _____

Birthday (DD/MM/YYYY): _____

Address: _____ Postal Code: _____

Email: _____ Phone Number: _____

Please list any reasons why you are wanting to volunteer.

What work or volunteer experience do you have?

What relevant education, training and/or certification(s) do you have?

Skills/interests (please list any skills, hobbies, other languages, which you feel are relevant)

Emergency Contact Name: _____ Phone: _____

Please review the list of volunteer opportunities listed on our website/information sheet and indicate your choices.

My first choice for volunteer placement: _____

My second choice for volunteer placement: _____

I wish to only volunteer for events: (name event(s)): _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PM							
AM							

- The above information is correct to the best of my knowledge. I understand the YMCA will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the release of my name and address to the YMCA's Financial Development department to further the YMCA's philanthropic activities. I give my permission for YMCA of Lethbridge to use any photographs, videotaped footage, or audio recordings of myself. I understand that it will be used solely for YMCA of Lethbridge promotional and/or educational use.
- I am aware that the YMCA of Lethbridge requires a Criminal Record Check, including Vulnerable Sector, Child Intervention Check and 3 successful professional reference checks before being hired as a volunteer.

Signature: _____ Date: _____

Professional Reference Information

Please provide a minimum of 3 professional reference checks (employer, teacher, religious leader)

- 1. Name: Phone: Email: Relationship:
2. Name: Phone: Email: Relationship:
3. Name: Phone: Email: Relationship:

Education/Program Information

Are you applying to volunteer for a College/University or Post Educational requirements? Yes No

If yes: Name of school/group/program: Name of contact: Phone: Required hours: Start/End Date:

For YMCA office use only:

Application received by:

Date Application received: Date Interview scheduled:

- Resume attached
Reference checks completed
Interview attached
CRC/Vulnerable Sector processed: Received:
Child Intervention check date processed: Received:
3 Successful Reference Checks

Director Signature: Date: