



YMCA of Lethbridge

Corporate/Group Volunteer Application Form

Company/Group Information

Company/Group Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Contact Person Name: _____

Contact Email: _____

Contact Phone Number: _____

YMCA Event/Task you are applying for:

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

Emergency Contact Name: _____ Phone: _____

Agreement

I, _____ understand that prior to commencing and during any volunteer work within the YMCA of Lethbridge:

- I am aware that the YMCA of Lethbridge may request a Criminal Record Check, including Vulnerable Sector, Child Intervention Check and 3 successful professional reference checks before being hired as a volunteer.
- 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 give my permission for YMCA of Lethbridge to use any photographs, videotaped footage, or audio recordings of myself and the group to be used solely for YMCA of Lethbridge promotional and/or educational use.

Signature

Date

YMCA Contact

Date

