



# YMCA of Lethbridge

## Event Volunteer Application Form

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (DD/MM/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate your age group

12-14

15-17

18-30

31-60

60+

YMCA Event 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:

- The YMCA of Lethbridge will contact references provided on this form.
- I am aware that the YMCA of Lethbridge may require 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 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.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
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: \_\_\_\_\_

*Building healthy communities*