



We build strong kids, strong families, strong communities.

YMCA of Delta County Volunteer Application

The Y has volunteer opportunities for people who have needed talents and skills. If you would like to be considered for a volunteer position, Please fill out this application if you are interested in this program. Volunteers must be 16 years of age or older.

Date _____

Name: _____
Last First Birth Date

Home Phone: _____ Work Phone: _____

_____ Address City State Zip

Volunteer Position(s) Desired (Check):

- Aquatics Programs
- Child Care
- Custodial / Maintenance
- Family / Youth Programs/ Youth Sports
- Fitness
- Front Desk
- Fundraising
- Other _____

Please list any special skills, trainings, qualifications or other relevant experiences

Please list significant work experience including present employment

Are you retired? YES NO (Over)
Have you ever been employed here before? YES NO If yes, give date: _____

I want to volunteer for a one-time event. YES NO I can volunteer on an ongoing basis. YES NO

Availability to volunteer (Days & Times) _____

I would like to volunteer _____ hours per week.

If this is court-ordered community service, how many hours do you need to do? _____

Have you ever been convicted of a crime or are there any felony charges pending against you? YES NO

If yes, please explain. _____

In case of an emergency, we should notify:

Name	Relationship	Phone
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Give the name of three persons not related to you, whom you have known at least one year.

Name	City and Phone Number	Employer & Title	Years known

Applicant's Signature: _____ **Dated:** _____

Please Read

The YMCA of Delta County will only consider this application for the ninety-calendar day period after its receipt. Should you wish to be considered after the expiration of this period, you should reapply.

The YMCA of Delta County is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status. The YMCA does not turn anyone away due to an inability to pay. Financial assistance is available through our scholarship program.

Do Not Write Below This Line

To: _____ **Date:** _____ **To:** _____ **Date:** _____

Interview by: _____ **Date:** _____

Remarks: _____

Placed _____ **Position** _____ **Will Report** _____ **ICHAT Done** _____

Approved by: _____ **Date:** _____