



WABASH COUNTY YMCA, Inc.

Volunteer Application

Name (Last, First, M.I.): _____ Birth date(mm/dd/yy): _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening/Cell Phone: _____ E-mail: _____

Employer: _____

In case of emergency: _____ Phone: _____ Relationship: _____

Please list 2 references (personal (non-relative) and professional)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Do you have a driver's license? _____ U.S. citizen? _____ If not, type of Visa: _____

Have you ever been convicted of a crime? (circle one) Yes No

1. Date of conviction _____ 2. Offense: _____ 3. Sentence & Fine _____

Check your area(s) of interest:

Active Older Adults

- Arthritis Aquatics Aide
- HEARTEAM/WISE/Y-Fit for Life
- Balance Classes

Board/Fundraising

- Board of Directors
- Fundraising Campaign
- Endowment Program

Aquatics

- Splash Program
- Life Guard
- Pool Maintenance

Youth

- Youth Outreach Programs
- Youth Sports Coach
- Fit Trips

Adapted Programs (for people with special needs)

- Preschool Transition
- Preschool Aide
- Adapted Strength Training
- Adapted Martial Arts
- Adapted Aquatics
- Adapted Sports

- Referee (soccer, basketball, football)
- Child Care Aide
- Gymnastics Aide
- Holiday Camp (*School Break*)
- Summer Fun Care*

Health & Physical Education

- Cleaning/Maintaining Fitness Equipment
- Concession Help
- Welcome Center Greeter
- Adult Sports
- Referee (soccer, basketball)
- Fitness Skills

Special Events

- Strawberry Stomp
- Tournament Gate Keepers
- United Fund Golf Tournament

Dates/Times Available: _____

Volunteer Information:

Are you volunteering to meet a class requirement? If yes, please provide the following information:

School: _____ Major: _____ Year: FR SD JR SR GR

Course: _____ Professor: _____ Phone/e-mail: _____ Hours required: _____

Please list a brief description of your past volunteer experience: _____



Please list your hobbies/interests: _____

What do you hope to gain from your volunteer experience? _____

I understand and agree that:

1. Any misrepresentation or deliberate omission on this application may be justified as termination of volunteerism.
2. The YMCA will make a thorough investigation of work history and verification of all data. I authorize this investigation and I release any person for giving or receiving such information.
3. I have read and understand the above.
4. I understand that it is the YMCA's policy to secure conviction-only criminal history information as part of the screening process for volunteers. I have provided the following information for the sole purpose of the YMCA's obtaining a conviction-only criminal history file search. The Wabash County YMCA will be seeking information in my background related to child abuse.

Name (last, first, middle) _____

Names previously used/name before marriage _____

Birthday _____ Race _____ Sex _____

Social security number _____ Driver's license number _____

Signature

Date

**Contact Bill Barrows, Programming Coordinator for more information:
(260) 563-YMCA
bbarrows@wabashcountyyymca.org**

For office use only.

Forwarded to which Dept. _____ Received by: _____

Date Received: _____ Date contacted volunteer: _____

