



VOLUNTEER APPLICATION

HENDERSON COUNTY FAMILY YMCA

Personal Information

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ BEST TIME TO CALL: _____

BIRTHDATE: _____ US CITIZEN? YES ___ NO ___ SOCIAL SECURITY NO. ____ - ____ - ____

EMERGENCY CONTACT: _____

Employment Information

CURRENT EMPLOYER: _____ POSITION: _____

DATE OF EMPLOYMENT: _____

REFERENCES:	Name	Telephone
_____	_____	_____
_____	_____	_____

Volunteer Information

VOLUNTEER OPPORTUNITIES AVAILABLE: (circle)

Special Events
 Membership Services
 Aquatics
 Teen Programs
 Wellness Programs

Volunteer Development
 Youth Sports
 Adult Sports
 YMCA Board
 Summer Camp

Youth Programs

SPECIFIC VOLUNTEER INTEREST/POSITION DESIRED: _____

DAYS AVAILABLE: (circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

HOURS AVAILABLE: (circle)

Morning Afternoon Evening

VOLUNTEER EXPERIENCE: _____

SPECIAL SKILLS: _____

MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.