



YMCA of Eastern Ontario Volunteer Application – Appendix F

Building healthy communities

Thank you for your interest in the YMCA of Eastern Ontario. The YMCA is a community-centered Canadian charity where members, volunteers and staff work together to foster development of spirit, mind and body of individuals and families. This is achieved by delivering programs that respond to the needs of the community in a secure, caring, convenient and affordable environment.

PLEASE NOTE: A criminal reference check, preformed by the local police department is **REQUIRED** of all volunteers over the age of 18 prior to commencement of any volunteer duties. Criminal Reference Checks completed within the last 120 days for another organization are acceptable.

Personal Information							
Last Name		First Name		Telephone:			
				Email:			
Address							
Are you 16 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				Best time to contact you:			
How did you learn about volunteering at the YMCA? _____							
Facility location desired: <input type="checkbox"/> No preference <input type="checkbox"/> Brockville YMCA <input type="checkbox"/> Kingston YMCA							
Please check the areas/programs of interest to you: <input type="checkbox"/> Fitness Centre <input type="checkbox"/> Aquatics <input type="checkbox"/> Fundraising							
<input type="checkbox"/> Fitness		<input type="checkbox"/> Administration		<input type="checkbox"/> Events		<input type="checkbox"/> Child and Youth programs <input type="checkbox"/> Other: _____	
Times Available to Volunteer							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							
Please check which description(s) fit your current status:							
<input type="checkbox"/> Employed Full-time		<input type="checkbox"/> Student Part-time		<input type="checkbox"/> Other			
<input type="checkbox"/> Employed Part-time		<input type="checkbox"/> Retired/Not Employed					
Language							
<input type="checkbox"/> English		<input type="checkbox"/> Spoken		<input type="checkbox"/> Written			
<input type="checkbox"/> French		<input type="checkbox"/> Spoken		<input type="checkbox"/> Written			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Spoken		<input type="checkbox"/> Written			
Current or Past Volunteer Experience (related or other)							



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Please share some of your personal reasons for becoming a volunteer and what you would like to get out of this experience:

**References – Please provide three professional references
By providing names and contact information, you are providing the YMCA permission to contact.**

Name	Relationship
Email	Phone
Name	Relationship
Email	Phone
Name	Relationship
Email	Phone

Certifications & Training

- Standard First Aid with CPR C
 National Lifeguard
 Bronze Cross
 Personal Trainer
 Fitness Instructor
 Child & Youth Diploma
 Early Childhood Educator
 Swim Instructor

Please list any other relevant certifications or designations: _____

I understand the YMCA will be collecting, using and disclosing my personal information for the purpose of establishing and managing volunteer relationships. I consent to the YMCA doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes, and to inform me about YMCA programs or services. I consent to the release of my name and address to the YMCA's Financial development department to further the YMCA's philanthropic activities.

Signature

Date: month / day /year