



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Thank you for considering the YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them, we wouldn't be able to meet the needs of the kids, families, and adults who live in the Valley Shore community.

At the YMCA, we know that your time and talent are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

Thanks for your cooperation in this effort and your interest in the YMCA. If you have any questions about this or any part of our application process, please contact (name, title, and phone number of person).

Today's Date _____ (Month/Day/Year)

Mr. Mrs. Miss Ms. Rev. Dr. Other

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

How long have you been at this address? _____

Are you 18 years of age or over?

Yes No (If no, please have your parent or guardian sign the application, too.)

Are you volunteering to fulfill an obligation for service for school, church, court, or other?

If yes, how many hours? _____ Who is requiring your service? _____

What type of volunteer opportunities are you looking for? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Adult Athletics, Sports | <input type="checkbox"/> Marketing, Social Media, and Design |
| <input type="checkbox"/> Arts, Crafts, and Music | <input type="checkbox"/> Office, Admin, & Clerical |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Personal care and services |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Social Responsibility |
| <input type="checkbox"/> HCHY - Old Saybrook | <input type="checkbox"/> Work with your hands |
| <input type="checkbox"/> Healthy Living | <input type="checkbox"/> YMCA Community Garden |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Youth Development |

Why would you like to volunteer? _____

VISIT VOLUNTEERATTHEYMCA.ORG FOR MORE INFORMATION!

Have you heard about any particular volunteer opportunities that interest you? _____

Are there any particular skills, talents, or interests you'd like to share, including certifications or licenses?

What other organizations have you volunteered for, if any, in the past five years? _____

Emergency Contact

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Your signature _____

Date _____

Parent/Guardian signature (if under 18) _____

Date _____

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