

YCMA Lunenburg County Volunteer Application

First Name: _____ Last Name: _____ M/F

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternative Phone: _____

Email: _____ Birth Date: _____

Please list two references

Name: _____

Position: _____ Phone: _____

Name: _____

Position: _____ Phone: _____

As a YMCA Volunteer . . .

I am committed to supporting the YMCA Mission, Vision and Values

I understand that prior to commencing my volunteer activity at YMCA Lunenburg County . . .

I am required to provide the YMCA with a current Criminal Reference Check and/or abuse registry

I will receive or present YMCA specific training for my volunteer role

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Parents Signature: _____ (for volunteers 18 and younger) Date: _____

Attach a copy of relevant work/volunteer experience, education, training, and/or certifications if applicable.

In which areas would you like to volunteer?

- Fitness Programs
- Youth Programs
- Member Services
- Recreation Programs
- Special Events
- Health and Wellness
- Maintenance
- Fundraising
- Policy

Please check all that apply!