

## **VOLUNTEER APPLICATION**

Today's Date				(Month/Day/Year)			
□ Mr.	□ Mrs.	☐ Miss	□ Ms.	□ Rev.	□ Dr.	□ Other	
Name							
	_ast)			(First)	)	(Middle)	
Address	i						
City			:	State		Zip	_
Phone:				Email:			
Social S	Security Nu	ımber			(For	background checks)	
-	18 years lication, to	_	ver? □	Yes □ No	(If no, h	ave your parent or guardia	ın sign
_	ency cont						
•						Zip	
Phone:				Email:			
Interes	sts						
How dic	l you learr	about volu	ınteer op	portunities	at the YM	ICA?	
Why w	ould you li	ke to volun	teer?				
What vo	olunteer op	oportunities	at the Y	interest yo	ou?		
Are the	re any par	ticular requ	irements	for your v	olunteer s	ervice (hours/supervision/	etc)?

experience of all kinds!							
Highest Education Completed?							
Did you attend service school or receive special training?							
Other skills (caring for children, languages, etc.)							
Background							
Have you ever been convicted of a cr	riminal offense? If so, what was it?						
References Please list three people including 1 reand who know you well enough to pre	elative whom you have known for at least two years ovide us with a reference.						
Name	Relationship						
Email	Phone						
Name	Relationship						
Email	Phone						
Name	Relationship						
Email	Phone						
Your signature							
Date							
Parent's or guardian's signature (If you're under 18)							
Date							

**Education Note:** Formal education is not required to be a volunteer. We welcome