

# VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The YMCA believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.



**PLEASE PRINT:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

**Please check how you learned about volunteering at the YMCA of Hamilton/Burlington/Brantford.**

Member    YMCA    YMCA Staff/Volunteer    Other: \_\_\_\_\_

**Please check the time(s) you are available to volunteer.**

| MONDAY                             | TUESDAY                            | WEDNESDAY                          | THURSDAY                           | FRIDAY                             | SATURDAY                           | SUNDAY                             |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> morning   | <input type="checkbox"/> morning   | <input type="checkbox"/> morning   | <input type="checkbox"/> morning   | <input type="checkbox"/> morning   | <input type="checkbox"/> morning   | <input type="checkbox"/> morning   |
| <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon | <input type="checkbox"/> afternoon |
| <input type="checkbox"/> evening   | <input type="checkbox"/> evening   | <input type="checkbox"/> evening   | <input type="checkbox"/> evening   | <input type="checkbox"/> evening   | <input type="checkbox"/> evening   | <input type="checkbox"/> evening   |

**Morning** (open-12:00pm)      **Afternoon** (12:00-6:00pm)      **Evening** (6:00pm-close)

**Please check which description(s) fits your current status:**

Employed full-time    Student full-time    Retired    Stay-at-home parent  
 Employed part-time    Student part-time    Other (please name) \_\_\_\_\_

**Please check what areas/programs are of interest to you (you may check more than one box):**

- Advisory. Volunteers who provide leadership in advising the YMCA regarding important issues and overall direction; people meeting a goal, providing advice or feedback, usually in a group setting. *Examples: Building Advisory Committees, Leadership Circles, Parent Advisory Groups*
- Program. Volunteers working in program delivery or working to support program delivery. *Examples: Group Fitness Leaders, Leader Corps, Y Kids Instructor, Swim instructor*
- Philanthropy. Volunteers who raise funds on behalf of the YMCA through individual campaigning/storytelling and members of various campaign cabinets and committees. *Examples: Storytellers, Strong Kids, Capital Campaign*
- Policy. Members of the Board of Directors and/or Board Committees
- Special Events. Volunteers who plan, promote and run events, including fundraising events, that fall outside normal program activities. *Examples: Fall Fun Fair, Turkey Roll, Spin-a-thon, Breakfast with Santa, Strong Kids Auction*

Please refer to [www.ymcahb.on.ca](http://www.ymcahb.on.ca) for specific job descriptions

PLEASE NOTE: Please note that due to the specialized nature of some YMCA volunteer positions, specific eligibility criteria will be applicable

# VOLUNTEER APPLICATION FORM

Current or Past Volunteer Experience/Training, Certification and/or Education (related or other):

---

---

---

Please share some of your personal reasons for becoming a YMCA volunteer and what you hope to gain from the experience:

---

---

---

| References: Name (Minimum 2) | Phone Number(s) | Relationship |
|------------------------------|-----------------|--------------|
| <hr/>                        | <hr/>           | <hr/>        |
| <hr/>                        | <hr/>           | <hr/>        |
| <hr/>                        | <hr/>           | <hr/>        |

## Consent to Collection and Disclosure:

I understand that the YMCA will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship.

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. I also consent to the use of any photographs which may be taken to be used by the YMCA in any local or national print or promotional production material.

A current criminal reference check issued within 30 days of the start of a volunteer placement is a condition of volunteering with the YMCA. As per YMCA policy, the YMCA also reserves the right to request future subsequent reports. Subsequent report requests will be paid for by the YMCA.

Applicant's Signature

Date

Parent/Guardian Signature

Date

(Required for volunteers under 18 years of age)

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> <b>Brantford YMCA</b><br>143 Wellington Street<br>Brantford, ON N3S 3Y8<br>Tel: 519-752-6568<br>Fax: 519-759-8431 | <input type="checkbox"/> <b>Flamborough Family YMCA</b><br>207 Parkside Dr.<br>Waterdown, ON L0R 2H1<br>Tel: 905-690-3555<br>Fax: 905-690-7410 | <input type="checkbox"/> <b>Hamilton Downtown Family YMCA</b><br>79 James St. S<br>Hamilton, ON L8P 2Z1<br>Tel: 905-529-7102<br>Fax: 905-529-6682 | <input type="checkbox"/> <b>Les Chater Family YMCA</b><br>356 Rymal Road East<br>Hamilton, ON L9B 1C2<br>Tel: 905-667-1515 | <input type="checkbox"/> <b>Ron Edwards Family YMCA</b><br>500 Drury Lane<br>Burlington ON L7R 2X2<br>Tel: 905-632-5000<br>Fax: 905-333-1767 |
|--|--|---|--|--|

## OFFICE USE ONLY

Date received by Volunteer Coordinator: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

Notes : \_\_\_\_\_

Staff Forwarded to \_\_\_\_\_ Date Contacted: \_\_\_\_\_