

YMCA-YWCA of Winnipeg

VOLUNTEER APPLICATION FORM

Branch: _____

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE: _____ BUSINESS: _____

BIRTHDATE: _____ GENDER: M / F

ARE YOU CURRENTLY A MEMBER OF YMCA-YWCA? Y / N

EDUCATION/TRAINING/CERTIFICATIONS/CPR (incl. expiry)

WORK EXPERIENCE _____

VOLUNTEER EXPERIENCE _____

WHAT AREAS WOULD YOU BE INTERESTED IN VOLUNTEERING?

- | | |
|---|---|
| <input type="checkbox"/> Fitness Leadership & Classes | <input type="checkbox"/> Fitness Centre Supervision |
| <input type="checkbox"/> Aquatics & Swim Program | <input type="checkbox"/> Youth Recreation Programs |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Childcare/Babysitting |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Day Camp/Camping |
| <input type="checkbox"/> Maintenance & Housekeeping | Other _____ |

REFERENCES

1. NAME _____ TELEPHONE _____
RELATION _____
2. NAME _____ TELEPHONE _____
RELATION _____
3. NAME _____ TELEPHONE _____
RELATION _____

EMERGENCY CONTACT

NAME _____ TELEPHONE _____
RELATION _____

MEDICAL INFORMATION

Do you have any medical conditions (if 'yes' please list)? _____

The YMCA-YWCA is committed to the prevention of child abuse. To ensure that all participants are protected, please note all volunteers 18 yrs. and older:

- A Criminal records check related to "crimes against person" is mandatory.
- A Child Abuse Registry screening is mandatory.

WHAT IS YOUR AVAILABILITY? (Please circle)

MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Signature : _____

Volunteer Start Date: _____

Number of continuous years of Volunteer Service with the YMCA-YWCA (Please include current year of service): _____