



## YMCA Volunteer Application

A YMCA volunteer is defined as anyone who willingly gives time to help the YMCA accomplish its mission without receiving any compensation or special privileges. Volunteering under age 16 may be possible if you are currently participating in or have successfully completed a YMCA leadership program.

Date: \_\_\_\_\_ Desired Location: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Based on the Association's needs, the YMCA of Niagara offers the following volunteer opportunities. Please indicate your area of interest. **Programs may vary at each membership centre or program site** and Criminal Record Checks with Vulnerable Sector Search may be required for some positions. Please note your first preference if selecting more than one area of interest.

- |                                              |                                                  |                                               |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Group Fitness       | <input type="checkbox"/> Youth Action            | <input type="checkbox"/> Employment Services  |
| <input type="checkbox"/> Fitness Centre      | <input type="checkbox"/> Day Camp                | <input type="checkbox"/> Newcomer Services    |
| <input type="checkbox"/> Housekeeping        | <input type="checkbox"/> Leagues                 | <input type="checkbox"/> Board of Directors   |
| <input type="checkbox"/> Child/Youth Program | <input type="checkbox"/> Martial Arts            | <input type="checkbox"/> Member Advisory      |
| <input type="checkbox"/> Aquatics            | <input type="checkbox"/> Kids First/Kaleidoscope | <input type="checkbox"/> Values in Action     |
| <input type="checkbox"/> Membership          | <input type="checkbox"/> Early Years             | <input type="checkbox"/> Strong Kids Campaign |
| <input type="checkbox"/> Youth Club          | <input type="checkbox"/> Child Care              | <input type="checkbox"/> Bingo                |
| <input type="checkbox"/> Event: _____        |                                                  |                                               |

### Questions:

Have you ever volunteered with the YMCA of Niagara before? If yes, when?

\_\_\_\_\_  
\_\_\_\_\_

What are the days and times you are available to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer for the YMCA of Niagara?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are some of the skills and talents that you would be willing to share during your volunteer experience at the YMCA of Niagara?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What leadership or customer service experiences have you had?

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**Volunteer applicants must provide 3 references. Relatives may not be considered as references.**

Reference #1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reference #2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reference #3

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I authorize the YMCA of Niagara to contact the individuals listed above for confidential references.

Signature of Volunteer: \_\_\_\_\_

**Thank you for completing this application. Once completed, please return to a YMCA program site for processing.**

**YMCA of Niagara Privacy Statement** - As a charitable, community based association; the YMCA of Niagara is committed to protecting your right to privacy. The personal information you share with the YMCA will be used to support the work of the YMCA. For further information, please see the YMCA of Niagara Privacy Brochure or visit [ymcaofniagara.org](http://ymcaofniagara.org).

Accessibility accommodations and materials in alternate formats for individuals with disabilities can be arranged upon request.

**For YMCA use only**

**Formal**  
(10+ hrs/year)

**Youth**  
(ages 12-17)

**Mandatory Community Service**  
(Students 18+ in educational placements)

**Informal**  
(less than 10 hrs/year)

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Certifications: \_\_\_\_\_

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

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Primary Staff Contact: \_\_\_\_\_