

Volunteer and Make A Difference in Your Community Today

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 the age of 16 may be possible if you are currently participating in or have successfully completed a YMCA leadership program.

Date: _____

Name: _____
FIRST LAST

Birth Date: _____
(MM/DD/YYYY)

Address: _____

City: _____ Province: _____ Postal Code: _____

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 in selecting more than one area of interest. Please select a maximum of 3 areas of interest.

- | | | |
|---|---|--|
| ☐ Group Fitness | ☐ EarlyON Program | ☐ Special Events _____ |
| ☐ Aquafit Instructor | ☐ Child Care | |
| ☐ Child/Youth Program | ☐ Employment & Immigrant Services | |
| ☐ Fitness Centre | ☐ Camp (Seasonal) | |
| ☐ Membership | ☐ Community - Youth Action | |
| ☐ Housekeeping | ☐ Community - Beyond the Bell | |
| ☐ Martial Arts | | |

Please select your desired primary location for volunteering.

- | | | |
|---|--|--|
| ☐ Grimsby | ☐ Niagara Falls | ☐ Port Colborne |
| ☐ St. Catharines | ☐ Welland | |

If there are no open volunteer positions available in your desired community are you willing to volunteer elsewhere? Please indicate which cities you would be willing to volunteer.

QUESTIONS

1. Have you ever volunteered with the YMCA of Niagara before? If yes, when and in what role?

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

- | | | |
|---|--|--|
| ☐ Monday _____ | ☐ Tuesday _____ | ☐ Wednesday _____ |
| ☐ Thursday _____ | ☐ Friday _____ | ☐ Saturday _____ |
| ☐ Sunday _____ | | |

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

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

5. Please identify any qualifications or certifications that you possess that pertain to this volunteer position.

6. What leadership or customer experience have you had?

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:

Please attach a copy of your resume with this application.

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.

Accessibility accommodations and materials in alternative 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:

Primary Staff Contact: