



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. YMCA Volunteers need to be minimum 16 years of age or participating in our Leadercorp program.

Date: _____ **Branch:** _____

Name: _____ **Birth Date:** _____

Address: _____

Phone: _____ **E-mail:** _____

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 Reference checks may be required for some positions. Please note your area of preference if selecting more than one area of interest.

- | | | |
|---|---|--|
| <input type="checkbox"/> Group Fitness Instructor | <input type="checkbox"/> Children's programs for 3-5 yrs | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Aquafit Instructor | <input type="checkbox"/> Children's programs for 6-10 yrs | <input type="checkbox"/> Cleaner |
| <input type="checkbox"/> Fitness Centre Host | <input type="checkbox"/> Youth programs for 10-15 yrs | <input type="checkbox"/> Rec Sports Basketball |
| <input type="checkbox"/> Membership Service Host | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Rec sports Volleyball |
| | | <input type="checkbox"/> Rec Sports Floor Hockey |

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?

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 www.ymcaofniagara.org

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

FOR YMCA USE ONLY

Interview

Date: _____

Interview

Time: _____

Reference #1

Name: _____

Phone: _____

Relationship:

Reference #2

Name: _____

Phone: _____

Relationship:

Certifications:

Position:

Branch:

Start Date:

Coach approved:

CRC Exempt

Charge Account #
