

# SKAGIT VALLEY FAMILY YMCA VOLUNTEER APPLICATION

## PERSONAL INFORMATION

Name	Email
Street Address	Phone
City, State, Zip:	Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever volunteered at a YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what capacity?

## INTEREST SURVEY

What area(s) are you interested in volunteering at the Skagit Valley Family YMCA?		
<p>What Program area(s) are you interested in working in?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><input type="checkbox"/> Child Care:</p> <p><input type="checkbox"/> Coaching or Officiating Youth or Adult Sports</p> <p><input type="checkbox"/> Maintenance/Building Repair</p> <p><input type="checkbox"/> Member Services</p> <p><input type="checkbox"/> Special Events</p> </td> <td style="width: 50%; border: none;"> <p><input type="checkbox"/> Aquatics</p> <p><input type="checkbox"/> Youth &amp; Family Programs</p> <p><input type="checkbox"/> Health &amp; Wellness</p> <p><input type="checkbox"/> Oasis Teen Shelter</p> <p><input type="checkbox"/> Other:</p> </td> </tr> </table>	<p><input type="checkbox"/> Child Care:</p> <p><input type="checkbox"/> Coaching or Officiating Youth or Adult Sports</p> <p><input type="checkbox"/> Maintenance/Building Repair</p> <p><input type="checkbox"/> Member Services</p> <p><input type="checkbox"/> Special Events</p>	<p><input type="checkbox"/> Aquatics</p> <p><input type="checkbox"/> Youth &amp; Family Programs</p> <p><input type="checkbox"/> Health &amp; Wellness</p> <p><input type="checkbox"/> Oasis Teen Shelter</p> <p><input type="checkbox"/> Other:</p>
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Do you have any specific skills you would like to share as a volunteer?		
Do you have any interests you'd like to explore as a volunteer?		
Do you have any previous volunteering experience? Please describe, including organization names		
How did you hear about volunteer opportunities at the YMCA?		
When are you available to volunteer? (Days & Times)		
How often do you want to volunteer? (Monthly, Weekly, Daily, Special Events, etc.)		

### SKAGIT VALLEY FAMILY YMCA

215 E Fulton Street, Mount Vernon, WA 98273  
P 360 336 9622 F 360 336 9624 W skagitymca.org

WE'RE FOR: YOUTH DEVELOPMENT, HEALTHY LIVING, & SOCIAL RESPONSIBILITY



**REFERENCES**

Name	Phone and Email
Name	Phone and Email
Name	Phone and Email

**EMERGENCY CONTACT INFORMATION**

Who should we notify? (Persons listed below should be capable and available of handling an emergency situation.)	
Primary Contact	Relationship
Phone 1.	Phone 2.
Secondary Contact	Relationship
Phone 1.	Phone 2.

**MEDICAL INFORMATION**

Are you allergic to any food, medicine or other? If yes, what?	
Do you have any conditions or needs which an emergency response team should know, such as contacts, pace maker, etc.?	
Doctor	Contact Information
Dentist	Contact Information

**STATEMENT OF VOLUNTEER APPLICANT**

**Notice to all Applicants: The YMCA enforces its policies and practices to prevent child abuse.**

The information that is provided in this application is true, correct and complete. Any misstatement or omission of fact on this application may result in my dismissal as a volunteer.

I authorize both the YMCA and all references provided to communicate with regard to any relevant information that may be required to find appropriate volunteer opportunities. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer to volunteer is contingent upon a successful background check process, including state and federal criminal history checks.

**I hereby acknowledge that I have read and understood the above statement and that I voluntarily sign this application.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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