

What skills and interests would you like to share?

- Boards, Committees
- Capital Campaign
- Special Events
- Friends of the Y
- Child Care
- Babysitting
- Tour Guide
- Teen Program_____
- Coach Sport_____
- Office
- Projects
- Marketing
- Fitness Instructor
- Consultant Specialty_____
- Dance Chaperone
- Gymnastics
- Cleaning/Maintenance
- After school help
- Parent/Child
- Other_____

What do you hope to gain from this experience?

How many hours can you work? Day: _____ Week: _____

When are you available for volunteer service?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times - _____

Any health or physical restrictions?

Personal References (excluding relatives)

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

In accepting a volunteer position, I agree to adhere to the rules and regulations of the YMCA and verify all the above information is true to the best of my knowledge.

Signature

Date

All incomplete applications will be rejected.



KETTLE MORAINE YMCA CONSENT TO RELEASE INFORMATION

I _____, hereby authorize and request that you make available to any duly authorized representative of the Kettle Moraine YMCA any relevant information necessary in regard to my volunteer participation with the Kettle Moraine YMCA.

Due to the extreme sensitivity in volunteering in a situation with very vulnerable individuals, I understand the need to provide information with regard to my employment history, personal character, criminal history and background information.

FULL NAME:

First	Middle Initial	Last
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ADDRESS:

DATE OF BIRTH: _____ DRIVER'S LICENSE NUMBER: _____

Please list prior addresses and dates of residence for the past ten years:

_____	_____
_____	_____
_____	_____
_____	_____

Signature	Date
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