YMCA Adult Volunteer Form

Name_____ Birthdate_____

Street Address_____

City/State/Zip_____

Phone (Home)_____ (Cell) _____

Email_____

Volunteer position you would like to apply for:
(Circle all areas of interest)

Custodial Races Special Events Programs

Please write at least one sentence describing any talent(s) and skills you possess that you could share as a volunteer.

_____

_____.

When are you available to volunteer:

Day(s) of week:_____ Hours:_____

Personal References (List 2 persons to contact)

Name	Phone

Clearances required: Criminal, Child Abuse, (FBI may be required for certain volunteer positions). No cost for volunteers.
Visit https://epatch.state.pa.us for Criminal clearance and www.compass.state.pa.us/cwis/public/home for child abuse.

_____ _____

Volunteer Signature Date