



PERSONAL INFORMATION

First Name: _____

Last Name: _____

Mr. Mrs. Miss Ms. Prof. Rev. Doc.

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) - _____ Work Phone (_____) - _____

Cell: (_____) - _____ Fax: (_____) - _____

Email: _____ Membership Number: _____

Emergency Contact: _____ Phone: (_____) - _____

PLEASE LIST THREE REFERENCES

Name: _____

Position: _____ Phone: (_____) - _____

Name: _____

Position: _____ Phone: (_____) - _____

Name: _____

Position: _____ Phone: (_____) - _____

AS A YMCA VOLUNTEER:

I am committed to supporting the YMCA Mission, Vision and Values

I understand that prior to commencing my volunteer activity at the YMCA:

- I am required to provide the YMCA with a current Criminal Reference Check (CRC)
- I will receive from the YMCA specific training for my volunteer role
- I will be trained on the Operating Policies and Procedures for the YMCA Volunteers

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____
 (Required for volunteers under 18 years of age)

Attach a copy of relevant work/volunteer experience, education, training and / or certifications you have.