



METROWEST YMCA

VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Street _____ Town _____ Zip Code _____

Home Phone _____ Work Phone _____ Occupation _____

Volunteer Program Area Desired:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wellness | <input type="checkbox"/> Teen Programs | <input type="checkbox"/> Seasonal Summer Camp Programs |
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Preschool Enrichment | <input type="checkbox"/> Member Services |
| <input type="checkbox"/> Youth Fitness | <input type="checkbox"/> Preschool Open Gym | <input type="checkbox"/> Buildings & Grounds |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Child Watch | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Early Learning Center | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Gymnastics & Dance | <input type="checkbox"/> School Age Child Care | <input type="checkbox"/> Marketing & PR |

Branch Desired: Framingham Hopkinton
 280 Old Connecticut Path 45 East Street
 Framingham, MA 01701 Hopkinton, MA 01748
 508.879.4420 508.435.9345

Describe the skills and/or experience you have that would help you succeed as a YMCA volunteer.

Have you ever volunteered before? Yes No If yes, where and in what area? _____

How did you learn about volunteer positions at the MetroWestYMCA? _____

When are you able to volunteer? Please provide a start date: _____. Please provide an approximate estimate of your commitment to volunteer service in terms of months _____. Also, please indicate below the weekdays and time periods you are available:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |

Additional Comments: _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

References:
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

NOTICE TO APPLICANTS: THE METROWEST YMCA MAINTAINS "ZERO TOLERANCE" FOR ABUSE.
 Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are unscheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff and volunteers. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired.
I understand that no verbal promises or guarantees relating to volunteer work are binding upon the MetroWest YMCA and that, if accepted, I will be a volunteer "at will" and may be discharged at any time for any reason.

Applicant's Signature _____ Date: _____

Please mail to: MetroWest YMCA, 280 Old Connecticut Path, Framingham, MA 01701 (508) 879-4420
ATTN: HUMAN RESOURCES OFFICE