



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHARING YOUR PASSION Volunteer Candidate Form Greater Carbondale YMCA

Name _____ Age (if under 18) _____ Date: _____

Address _____

City _____ State _____ ZIP _____

Phone (Home) _____ (Cell) _____

E-Mail Address _____

Emergency Contact _____ Phone _____

Past Volunteer Experience (include organization/agency, position, and supervisor phone/email)

- 1.
- 2.
- 3.

Employment (include most recent company, position, and supervisor phone/email):

- 1.
- 2.
- 3.

Desired Schedule (circle days and times available)

Monday	Friday	Morning (9 a.m. to noon)
Tuesday	Saturday	Afternoon (noon to 4 p.m.)
Wednesday	Sunday	Evening (4 to 8 p.m.)
Thursday		Other: _____

Frequency of volunteer availability (e.g., daily, weekly, semiweekly, monthly)

Why do you want to volunteer with this

organization? _____

Please complete both sides of this application. Thank you!

How would you like to help this organization (circle all that apply)?

- | | | | |
|---------------------|-------------|--------------------|--------------------|
| Aquatics | Child Care | Hospitality | Sports Programming |
| Special Events | Fundraising | Building & Grounds | Special Needs |
| Afterschool Program | Food Prep | Birthday Parties | |

Other: _____

What are your hobbies, interests, and skills?

Education/Credentials (if over 18 years, start with high school)

School	Date	Degree	Location
1.			
2.			
3.			

References: Give the name and phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

1. _____
2. _____
3. _____

I understand that if I am over the age of 18, I must apply for, and submit, Criminal Record Check and Child Abuse History clearances at my own expense before I can begin volunteering.

Volunteer Candidate Signature

Please complete both sides of this application. Thank you!