



YMCA

We build strong kids,  
strong families, strong communities.

# YMCA of WOOD BUFFALO

221 Tundra Drive

Fort McMurray, AB T9H 4Z7

Ph: (780) 790-9622 Fax: (780) 743-4045

## APPLICATION FOR VOLUNTEER SERVICE

POSITION BEING APPLIED FOR: \_\_\_\_\_

BRANCH \_\_\_\_\_

How did you become informed of this Volunteer Opportunity?

Volunteer Centre

Newspaper

Friend

YMCA Member

Other

### PERSONAL DATA (please print)

Name:

Surname

First

M.I.

Address:

Street & Number

City

Postal Code

Phone

( )

( )

Home

Alt./Cell

Email

( )

In case of emergency, notify:

Name

Relationship

Phone

### AVAILABILITY

Days of the Week

Morning

Afternoon

Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

### PERSONAL INTEREST

Please check the area(s) of interest

Fitness

Aquatics

Babysitting

Child Care

Facility  
Maintenance

Management  
Committee

Community  
Programs

Youth&Teen  
Programs

Racquet  
Sports

Weight  
Training

What interested you in becoming a volunteer with the YMCA?

Please list any special skills, interests, hobbies and degrees.

Have you been previously involved with the YMCA?

If yes,

• Where \_\_\_\_\_

• When \_\_\_\_\_

• How long? \_\_\_\_\_

**EDUCATION**

High School _____	University _____
Business/College _____	Other/Related _____

**HISTORY (Volunteer or Employment)**

Employer _____	Your Title _____					
Duties _____						
Name of Supervisor _____	Phone _____					
Date of Position	Reason for seeking other position					
<table border="1"> <tr> <td>Yr</td> <td>Mo</td> <td>to</td> <td>Yr</td> <td>Mo</td> </tr> </table>	Yr	Mo	to	Yr	Mo	_____
Yr	Mo	to	Yr	Mo		
Supervisory responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>					
Employer _____	Your Title _____					
Duties _____						
Name of Supervisor _____	Phone _____					
Date of Position	Reason for seeking other position					
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Yr	Mo	to	Yr	Mo		
Supervisory responsibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>					

**REFERENCES**

*I authorize you to obtain references from my past & present employers/supervisors.*

*Signature*

*You may give additional references, if you wish (business associates, teachers or professors preferred;*

Name	Address	Telephone	Yrs. Known
_____	_____	_____	_____
_____	_____	_____	_____

**DECLARATION**

*I certify that the statements made by me in this application are true and complete. I also understand and agree that a false statement may disqualify me from a position, or result in dismissal.*

*Signature*

*Date*

**OFFICE USE ONLY**

First Day Volunteered: _____	YMCA Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date eligible for volunteer membership: _____	Renewal Date _____
Volunteer Coordinator _____	Date: _____