

CHANGE LIVES CHANGE YOUR COMMUNITY



VOLUNTEER APPLICATION FOR YMCA OF SOUTHERN NEVADA

Circle all of the areas you are interested in volunteering:

- | | | |
|----------------------------------|----------------------------|--|
| Administration/Clerical Aquatics | Special Events | Kids Gym Assistant (3 months - 7 years) |
| Active Older Adult Program | Adult Sports | Wellness Class Instructor Assistant |
| Community Outreach | Youth Program | English as a Second Language Teacher Assistant |
| Grassroots / Marketing | Maintenance | Spanish Teacher Assistant |
| Building Supervision Assistant | Floor Supervisor Assistant | Other Interested (not listed) _____ |

Name _____ Date _____ YMCA Branch _____

Phone _____ Email _____

Are you over 16? Yes _____ No _____ If under 16, current age: _____

Have you ever volunteered at the Y before? Yes _____ No _____

Mark the days and time available to volunteer:

Weekdays Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Weekends Friday _____ Saturday _____ Sunday _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you had any criminal convictions for child abuse or sex-related crimes? Yes _____ No _____

Why are you interested in volunteering with the YMCA?

REFERENCES:

List three references that have known you at least three years whom you authorize us to contact:

Type	Name	Contact Information	Years Known
Family Member		Email: Phone:	
Personal Professional		Email: Phone:	
Personal Professional		Email: Phone:	

*References may include supervisors, co-workers, faith leaders, teachers or school counselors.

**One reference must be a family member or guardian.

Signature of Applicant _____ Date _____

Parent Signature _____ Date _____

(if applicant is under 18)