

YMCA of the Sandhills Volunteer Application

Contact Information:

Name (First,	Last)						
Age							
Street Address							
City, State, Zip							
Phone Number							
Email							
Emergency Contact		Name: () -					
Availabilit	y (Pleas	e S	elect):				
Mon. AM	Tues. A	M	Wed. AM	Thurs. AM	Fri. AM	Sat. AM	Sun. AM
Mon. PM	Tues. P	М	Wed. PM	Thurs. PM	Fri. PM	Sat. PM	Sun. PM
About You:							
Which YMCA programs you would like to volunteer with? What skills and qualifications have you acquired from previous employment, volunteer work, or special interests that could help you serve as a volunteer for the YMCA?							
Application Agreement and Release: I have never been convicted of any criminal offenses or am subject to pending charges. I authorize the YMCA to verify my criminal record with a background report. I certify that this application is complete and accurate. I understand that if I am accepted as a volunteer, any false statements, omissions, or misrepresentations found on this application may							
result in my d	ismissal.		·	•		•	•
Applicant/Gua	ardian Sign	atur	re:			Date:	

The YMCA of the Sandhills is a charitable association that serves the community through programs that support youth development, healthy living, and social responsibility.