LEBANON VALLEY FAMILY YMCA VOLUNTEER APPLICATION

Thank you for considering the Lebanon Valley Family YMCA as a place to donate your time and talents. Volunteers are vital to the YMCA. Without them we wouldn't be able to meet the needs of the children, families, and adults who live in Lebanon County.

PERSONAL INFORMATION:	
Name (print)	Date
Address	
Phone Birth Date	
Are you 18 years old or older? YES application. See reverse side.	NO (If no, your parent/guardian MUST sign the
List names and phone numbers of tv	wo personal references (non-family)
Name	Phone
Name	Phone
Educational Background	
EMERGENCY CONTACT:	
Name	Phone
Address	
INTERESTS:	
How did you hear about volunteer c	opportunities at the YMCA?
Why would you like to volunteer? _	
Are you a current member of the YN	лса?

Please check all areas of interest: Youth Center (3-6 pm during school year, 12-4 during summer) Must be 18 years old Youth Sports (Time clock, referee, coach) Housekeeping (daytime hours, general cleaning of facility) _____ VA wellness/gym activities Special Events _____ Camp Rocky Creek Please list any specific skills not listed: List specific times and days you are available Is this volunteer request for a school project? YES ______ NO _____ Is this volunteer request court mandated? YES _____ NO _____ If yes, please explain:

If you are under 18 years old, a parent or guardian must sign this form giving you permission to volunteer at the Lebanon YMCA.

Parent/Guardian Print ______

Parent/Guardian Sign ______Date _____

RETURN COMPLETED FORM TO THE FRONT DESK OR HUMAN RESOURCES