



ATTLEBORO YMCA Volunteer Application Form

Mission Statement

The Attleboro YMCA is a charitable organization dedicated to the physical, mental and social development of all. It fosters personal growth through quality programs and services provided in a positive environment by committed staff and volunteers.

Volunteer position(s) of interest: _____

Date: _____

Preferred branch location: Downtown Pleasant St.

Personal Information

Name _____

Address _____ City/town _____

Home phone _____ Cell phone _____

Email address _____

Best day/time to contact: _____

Employment History

Current employer:	Supervisor:
Address:	
Position:	Employment dates:

Education

School name & address (high school, college, trade)	Major or course of study	Diploma/degree earned

Please describe any unique skills, talents or interests you have that may be applicable to a volunteer opportunity?

References

List three character individuals that know you well and can attest to your abilities and suitability as a YMCA volunteer. One reference must be a family member.

Name	Phone number	Relationship to you	Years known
1.			
2.			
3.			

Emergency Contacts

Name	Phone Number	Relationship to you
1.		
2.		

List any medical needs or concerns of which we should be aware: _____

Briefly explain why you would like to be a volunteer at the Attleboro YMCA:

Have you ever been convicted of a criminal offense: Yes No

If yes, please explain: _____

Signature

I certify that the facts contained in this volunteer application are true and complete to the best of my knowledge and understand that if placed in a volunteer position, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references listed, and any pertinent information they may have, personal or otherwise, and release the YMCA from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the YMCA has any authority to enter into any agreement of a volunteer position, for any specified time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized YMCA representative. This waiver does not permit the release or use of any disability related, or medical information, in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Date