



# YMCA of Regina

## Volunteer Application Form

For questions regarding volunteering please contact the YMCA at 757-9622 or visit our website at [www.regina.ymca.ca](http://www.regina.ymca.ca)

### In which area would you like to volunteer?

#### Health, Fitness & Recreation:

- Fitness Programs
- Specialty Class Instructors
- Recreational Sports
- Individual Conditioning Instructors
- Pre-School Programs (0-5)
- Children Programs (6-11)
- Youth Programs (12-18)
- Adult Programs (19 and older)
- Day Camps
- Pre/Post Natal
- Other: \_\_\_\_\_

- Special Events**
- Membership Services**
- Advisory/Board**
- YMCA Childcare Centre**
- Other:** \_\_\_\_\_

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Member: \_\_\_ Yes \_\_\_ No

Emergency Contact Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Are you over 18 years of age?  YES  NO

### Please list three (3) References (2 of the 3 unrelated to the YMCA, Professional)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### Please list the days of the week and times you are available to volunteer:

### What relevant training, education and/or certification do you have?

### Please list any relevant volunteer or work experiences:

#### As a YMCA Volunteer:

- I am committed to supporting the YMCA Mission, Vision and Values
- I am required to provide the YMCA with a current Criminal Record Check prior to beginning any YMCA program or service.
- I will receive relevant YMCA training regarding my specific role as a volunteer

I certify that the above information is true and correct to the best of my knowledge. In signing this application I give permission for the YMCA of Regina to contact the references provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 yrs of age)

### For Office Use Only

Called \_\_\_\_\_ Interview Date \_\_\_\_\_

- Handbook was given and reviewed
- Criminal Record Check
- Reference Checks (attach questions)
- Contract was provided (if required)
- Insurance/certification was provided (if required)
- Approved, Date: \_\_\_\_\_
- Not Approved, Reason: \_\_\_\_\_

#### Placement

Branch \_\_\_\_\_

Supervisor \_\_\_\_\_

Program \_\_\_\_\_

Start Date \_\_\_\_\_

Date \_\_\_\_\_

#### Notes:

Building healthy communities