



Volunteer Application Form

Submit your application form to careers@regina.ymca.ca
OR drop it off at the *Front Desk* at 5939 Rochdale Blvd.

Which area are you interested in volunteering?

☐

Health, Fitness, Aquatics

☐

Community Development

☐

Childcare

☐

Other _____

(Please Specify Volunteer Title)

Personal Information

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Primary Phone _____ Email _____

Date of Birth (dd/mm/yy) _____

Emergency Contact

Emergency Contact Name _____

Emergency Contact Relationship _____

Emergency Contact Phone _____

References *(please list 3 references)*

1. Name _____ Email _____

Relationship _____ Phone _____

2. Name _____ Email _____

Relationship _____ Phone _____

3. Name _____ Email _____

Relationship _____ Phone _____

Availability/Experience

Please list the dates and times you are available to volunteer.

Please list any relevant volunteer or work experience.

Please list any relevant training or education.



As a YMCA volunteer:

- *I am committed to supporting the YMCA of Regina's Mission, Vision and Values.*
- *I am required to provide YMCA of Regina with a current criminal record check prior to beginning.*
- *I am required to participate in volunteer training prior to beginning.*

I certify that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

OFFICE USE ONLY

Volunteer Approved (date) _____

Volunteer Not Approved (reason) _____

YMCA Program Placement

Program(s) _____

Supervisor(s) _____

Start Date _____

Volunteer Application Checklist

Interview (date scheduled) _____

Reference Checks (date contacted) _____

Volunteer Contract (date provided) _____

Criminal Record Check (date received) _____

Notes: _____

YMCA Staff _____

(Printed Name)

(Signature)