



Volunteer Application Form

Submit your application form to volunteer@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)