



CHANGE LIVES CHANGE YOUR COMMUNITY

Name

Today's date

Address

Email

Phone

AREAS OF INTEREST: There are so many ways you can participate!

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Admin | <input type="checkbox"/> Fun Zone | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Day of Caring |
| <input type="checkbox"/> Greeters | <input type="checkbox"/> Parent's Night Out | <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facility Tours | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Youth Sports Coaches | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Community Events | <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Races |
| <input type="checkbox"/> Wellness/Fitness | <input type="checkbox"/> School-Age Programs | <input type="checkbox"/> Golf Outing | <input type="checkbox"/> Y Action Cmte. Member |
| <input type="checkbox"/> Pre-School | | | |

AVAILABILITY:

- Days: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.
 Morning Afternoon Evening

Are you over 18?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If under 18, current age		
Have you ever volunteered at the Duneland Family YMCA before?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Why are you interested in volunteering with our YMCA?

List past Volunteer experience:



VOLUNTEER APPLICATION FOR DUNELAND FAMILY YMCA

List three references that have known you at least three years whom you authorize us to contact.

Name/Contact Info:

Family Member	Email: Phone:
Personal/ Professional	Email: Phone:
Personal/ Professional	Email: Phone:

Have you ever been convicted of a felony?

Yes

No

Have you had any criminal convictions for child abuse or sex-related crimes?

Yes

No

DUNELAND FAMILY YMCA VOLUNTEER ACKNOWLEDGEMENT

IF VOLUNTEER IS AT LEAST 18 YEARS OLD, THEN VOLUNTEER MUST READ AND CHECK BOX BELOW:

I understand as a volunteer, that I am not an employee of the Duneland Family YMCA and understand and agree that I will not receive any compensation or benefit nor be eligible for any coverage under the Indiana Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE VOLUNTEERING WITH THE DUNELAND FAMILY YMCA.

Printed name of Volunteer _____ Date _____

Emergency Contact _____ Telephone _____

PLEASE CHECK THIS BOX IF YOU AGREE TO THE ABOVE AGREEMENT

IF VOLUNTEER IS UNDER 18 YEARS OLD, THEN PARENTS MUST READ, PRINT AND SIGN BEFORE APPLICANT MAY BEGIN WORKING:

I understand as my minor child is a volunteer, that my minor child is not an employee of the Duneland Family YMCA and understand and agree that my minor child will not receive any compensation or benefit nor be eligible for any coverage under the Indiana Workers Compensation Laws.

I HAVE CAREFULLY READ THE FOREGOING STATEMENT, UNDERSTAND ITS CONTENTS, AND ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED BY MY MINOR CHILD WHILE HE OR SHE IS VOLUNTEERING WITH THE DUNELAND FAMILY YMCA.

Both Parents/Guardians must sign:

_____ Date _____

Printed name of Parent/Guardian Signature of Parent/Guardian

_____ Date _____

Printed name of Parent/Guardian Signature of Parent/Guardian

Emergency Contact: _____

Name

Telephone

PLEASE RETURN TO THE DUNELAND FAMILY YMCA TO SUBMIT YOUR APPLICATION

THANK YOU

Our Mission

To put the Christian principles of caring, honesty, respect and responsibility into practice through inclusive programs that build healthy spirit, mind and body.