



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Volunteer Application WHATCOM FAMILY YMCA

Volunteers will be asked to fill out a criminal background check prior to working at the YMCA.

1. Name _____ Date _____ Birth Date _____
Last First

2. Address _____
Street City State Zip

3. Home Phone _____ Work Phone _____ Cell Phone _____

4. Email Address _____

5. If you are employed or a student, where? _____

Employer's Name _____ Employer Phone _____

Employer's Address _____ City _____ Zip _____

6. In case of emergency contact _____ Phone _____

7. Are you a member of a YMCA? _____ Which YMCA? _____ How many years? _____

Volunteer Availability	Days	Evenings		Days	Evenings
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Flexible		

Summarize your past volunteer experience _____

Why are you interested in volunteering with the YMCA? _____

(Over)

Whatcom Family YMCA

1256 N. State Street, Bellingham, WA 98225
 360 733 8630 www.whatcomymca.org

Volunteer Interest Areas

8. Please "✓" the box next to your areas of interest. Please "X" the box by your areas of expertise, skill or training.

<input type="checkbox"/>	Aquatic/Lifeguard	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Child Care (Assistant Group Leader, Story Teller, Art Teacher)	<input type="checkbox"/>	Marketing/Design Skills
<input type="checkbox"/>	Climbing Wall	<input type="checkbox"/>	Medical Expertise
<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Office Support
<input type="checkbox"/>	Fitness Instructor	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Fitness Testing	<input type="checkbox"/>	Teen Adventure Programming
<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	Weight Room Attendant
<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	Writing Skills
<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Youth Sports
<input type="checkbox"/>	Other: _____		

9. Please tell us a little bit about yourself (school, jobs, family, hobbies, etc.)? _____

10. Mail completed application to:

Volunteer Development Program
 Whatcom Family YMCA
 1256 N. State Street
 Bellingham, WA 98225

Or

Drop off at the YMCA

Signature of Applicant _____ Date _____

If you have questions or suggestions, please contact Tammy Bennett, 360-733-8630. Thank you for taking the time to complete this application and for considering volunteerism with the Whatcom Family YMCA.