BROOKVILLE YMCA
APPLICATION FOR VOLUNTEER SERVICES

Thank you for considering the Brookville YMCA as a place to share your time and talents. Volunteers are vital to the YMCA. Without them, we would not be able to meet the needs of the children, families and adults.

At the YMCA, we know that your time and talents are precious, and we want every minute you spend with us to be worthwhile. That's why we're asking you to take a few minutes to fill out this application. It will help us begin to make the right match between your skills and interests and the opportunities available.

You will find questions that include your interests, background and place of employment. We reserve the right to make background and reference checks on all volunteers. It's just one of the many ways we help to protect children and other vulnerable people served by the YMCA.

(Please Print)
Date of Application: _____

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Telephone Day ( ) _____ Evening ( ) _____

Are you 18 years of age or older? _____ Yes _____ No
(If no, please have parent or guardian also sign this application.)

VOLUNTEER RELATED REFERENCES

Please list three people besides relatives and employers who you have known for at least two years and who know you well enough to provide you with a reference.

Name	Daytime Phone	Evening Phone	Years Known
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