



Princeton Family YMCA - VOLUNTEER INTEREST
(Please Print)

Date ____/____/____

Name _____
Last First MI Gender

Address _____
Street City State Zip

Daytime Telephone # (____) _____ Evening Phone # (____) _____

Cell Phone # (____) _____ E-mail address _____

Social Security # _____ (needed for data filing) Date of Birth ____/____/____

Have you volunteered for other organizations? (school, church, community) _____

Why would you like to volunteer? _____

What are some skills, talents and interests you would enjoy sharing? (Mark any that apply):

- Language fluency (other than English) _____
- Art (paint, clay ,decorating, etc) _____,
- Music (singing, instrumental) _____
- Sports _____
- Crafts (yarn, sewing, woodworking, etc) _____
- Hobbies (origami, magic, etc) _____
- Other _____

I am particularly interested in work with these groups: (Mark all that you like.)

- Infants and toddlers
- Preschoolers (3-5)
- Elementary-age children (6-10)
- Pre- and young teens (11-14)
- Older teens (15-18)
- College-aged young adults
- Adults
- Families
- Older Adults
- Any

I would be interested in hearing more about work in support of these programs and areas of responsibility within the YMCA: (Mark all that you like.)

- Special Events (Halloween at the Y, Swim with Santa, 5K Run, etc.)
- Aquatics (swimming classes, lifeguarding, swim team)
- Camping (day camp, family camp)
- Child care (infant, preschool, after-school)
- Community development (youth mentoring, job training)
- Family (parent-child activities, parenting classes, family support groups)
- Health and fitness (youth health, aerobics, strength training)
- Member services (front desk, locker room)
- Older adult programs (health and fitness, recreation, trips, social clubs, volunteering)
- Sports (coaching or instructing: soccer, basketball)
- Fundraising (annual campaign for scholarships)
- Short-term projects (Holiday camp)
- Office support work

Dates available: From _____ To _____ Specify time you are able to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

Volunteer’s Statement:

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation into all statements I have made on this application.

I understand that all employees and volunteers will be subjected to a Criminal Background Check.

I certify that I have read, fully understand, and accept all terms of the above Volunteer’s Statement.

Signature of Applicant

Date

**** PLEASE EMAIL THIS FORM BACK TO MARIANN CIALDELLA, VOLUNTEER COORDINATOR:**

mcialdella@princetonymca.org