

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the YMCA of Collier County. We love our volunteers! Volunteers are the lifeblood of the YMCA and our mission to put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all. There are many different opportunities for volunteers within the YMCA. Please complete the following information to help us make the best use of your time and talents.

PERSONAL CONTACT INFORMATION

Name:		Date:		
Address:		City:	State:	Zip:
Phone:	Email:			
Are you under 18 years of age?] Yes 🛛 No	Are you curren	tly a YMCA member? 🗆 Yes	□ No
Have you ever volunteered for a Y	'MCA before? 🗆 Yes	□ No If answere	d yes, what City and State?_	
INTERESTS AND SPECIAL SK	LLS			
In which of the following areas wo	ould you like to particip	pate as a volunteer?		
🗆 Wellness 🗆 Child Watch 🗆 Aquatics 🗆 Membership 🗆 Office Help 🗆 Tennis 🗆 Preschool 🗔 Youth & Teens				
□ Sports □ Youth Sports Coach	🗆 Board Member 🗆] Committee Member	□ Fundraising □ Other:_	
Do you have any special skills or	certifications? 🗆 CPR	🗆 Foreign Languag	e 🗆 Other:	
VOLUNTEER PREFERENCE	SECTION			
What days and times would you l				
□ Any time needed □ Mornings	only 🗆 Afternoons	only 🗆 Evenings on	ly	
🗆 Mondays 🗆 Tuesdays 🗆 We	ednesdays 🛛 Thursda	ays 🗆 Fridays 🗆 S	aturdays 🛛 Sundays	
BACKGROUND CHECKS				
The YMCA of Collier County conduc condition to volunteer, you must ag	-		• •	
Any other names you have used i	n the past:			
Birth Date:	Social Secur	rity:		
Have you ever been convicted, plotter traffic violation? Yes No				