

VOLUNTEER APPLICATION

DOW BAY AREA FAMILY YMCA



First Name:	Last Name:
Maiden Name:	DOB:
Street Address:	
City:	Zip Code:
Phone Number:	Email:

Frequency that you can volunteer (check all that apply):

Daily	Weekly	Monthly	Special Events
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Desired volunteer hours...

Per week:
Per month:

Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Previous volunteer experience: _____

Interest in volunteering (check all that apply):

Community Service	PATH Program	BABH	Other
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Preferred program area (check those that apply):

Front Desk	Youth Sports Coach/Ref	Special Events
Food Program	Fitness Floor	KidZone/Childcare
		Any

The Dow Bay Area Family YMCA is required to complete a background check on all volunteers. Please read the following and sign below:

*I am aware that the Michigan State Police records will be checked for information regarding criminal convictions under authority of the good moral character statute.

*I am aware that the Michigan Department of Social Services Central Registry may be checked for information concerning substantiated child abuse and neglect.

*I am aware that the National Sex Offenders Registry will be checked for information regarding any convictions.

*I certify that the answers on this application are true and correct to the best of my knowledge and that any material, misrepresentation or fact contained herein may be ground for invalidating any commitments resulting from the application including termination of my volunteering at the Dow Bay Area Family YMCA.

*I give my consent to verify all items above.

Signature: _____ Date: _____