

 Upper Bucks YMCA
Volunteer Application

Date_____

Name_____

Address_____

City_____State_____ZIP_____

Phone_____

Email_____

Please briefly explain how you would like to volunteer, or why? For instance, are you fulfilling community service requirements, attempting to make a difference in the community, or fulfilling graduation project requirements?

Please indicate the amount of hours you would like to volunteer throughout the week and the days or times you are available to volunteer. If you have a specific activity in mind, please indicate the activity and department.

Do you have any specialized certifications, such as CPR/First Aid, teaching, or aerobic instruction?

The Upper Bucks YMCA may perform a search, background check, or reference check on volunteer applicants. The organization reserves the right to interview and accept or deny any applicant for volunteer positions at will.

Applicant Signature

Date

 Upper Bucks YMCA
Volunteer Information

Department:_____

Start Date:_____

Director:_____

Estimated Hours Weekly:_____