



UPPER BUCKS YMCA Volunteer Inquiry / Application

Name _____ DOB ____ - ____ - ____ Date _____
 Address _____ Phone _____
 Email _____ Social Security Number ____ - ____ - ____ (for background check)

Please indicate why you would like to volunteer at the YMCA.

- Community service (Court Ordered) Special events Confirmation project
- Help the community Graduation project
- Pay It Forward (Financial Assistance) Other (Explain) _____

Please select your area(s) of volunteer interest.

- Aquatics Clerical Youth Sports Facilities/Maintenance
- Childcare Fitness Adult Sports Teens
- Babysitting Camp (Seasonal) Arts & Humanities
- Other (Explain) _____

Please indicate which days and times you are available. Total Number of Hours Desired _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

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

Applicant Signature _____ **Date** _____

**You will only be contacted
by the Y when / if a
volunteer opportunity
becomes available.**

For Internal Use Only:
 Interview Date _____ Code of Conduct Signed _____ Volunteer Disclosure Statement Signed _____
 Background Check Received _____ Department Assigned _____ Date Assigned _____
 Event/Job _____ Total Hours Completed _____
 Date _____ Completed _____ Director's Signature _____