



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEER APPLICATION

Name _____

Date of Birth _____ Male _____ Female _____

Address _____

Phone _____

Email Address _____

Organization (if applicable) _____

Employer _____

References

Name _____

Relationship _____

Company _____

Phone _____

Name _____

Relationship _____

Company _____

Phone _____

Areas in which I would like to volunteer: (Circle all that apply)

Child Watch/Tween Room

Aquatics

Group Exercise

Office Duties

Custodian

Other _____

Summer Day Camp

Special Events:

Family Fall Festival

Front Desk

Breakfast with Santa

Healthy Kids Day

Volunteer Signature _____ Date _____

For Office Use Only:

____ Criminal Background check completed

____ Central Registry search completed

____ Reference #1 checked

____ Reference #2 checked

Volunteer approved or Volunteer denied

Signature of Program Director _____ Date _____

Volunteer hours completed _____ Date completed _____