



YMCA STAFF:

Background fee of \$7.00 paid on ___/___/___
Submit Completed background checks to Carol K.
Completed application in CC's mailbox.

**PORTAGE TOWNSHIP YMCA
VOLUNTEER APPLICATION**

Today's Date: _____

Name _____

Address _____

City/Zip Code _____

Home/Cell Phone _____

Email _____

Employer _____ School _____

Ideal Volunteer Opportunity

- CHILD CARE VOLUNTEER
- FUN ZONE VOLUNTEER
- SUMMER CAMP VOLUNTEER
- PRESCHOOL VOLUNTEER
- GYMNASTICS VOLUNTEER
- WELLNESS CENTER VOLUNTEER
- GYM VOLUNTEERS
- ST. MARY'S MEDICAL CENTER VOLUNTEER
- FUND DEVELOPMENT VOLUNTEER
- ADMINISTRATIVE VOLUNTEER
- WELCOME CENTER VOLUNTEER
- HOUSE KEEPING VOLUNTEER
- AQUATICS VOLUNTEER

What skills/interest would you like to share?

What day of the week are you available to serve as a volunteer?

How did you learn about volunteering at the YMCA?

Your signature below indicates,

1. You have received a copy of the Volunteer Policy and Procedures Guide along with your application.
2. You have agree to read and follow the policies and procedures outlined in said document.
3. All information you have supplied on this application is true to the fullest extent of your knowledge.
4. You give your permission for the Portage Township YMCA to run a full background check on you based on the information you provided on this application.
5. You give your consent to submit to a drug test if called upon to do so by the Portage Township YMCA.

Volunteer's Signature: _____ Date _____