



**MetroWest YMCA**  
**We build strong kids,**  
**strong families, strong communities.**

**METROWEST YMCA VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_

**Volunteer Program Area Desired:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Aerobics             | <input type="checkbox"/> Aquatics              | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Member Services      | <input type="checkbox"/> Nautilus              | <input type="checkbox"/> Building & Grounds     |
| <input type="checkbox"/> Preschool Enrichment | <input type="checkbox"/> School Age Child Care | <input type="checkbox"/> Summer Camp            |
| <input type="checkbox"/> Teens                | <input type="checkbox"/> Youth Sports          | <input type="checkbox"/> Gymnastics/Dance       |
| <input type="checkbox"/> Preschool Child Care | <input type="checkbox"/> Preschool Open Gym    | <input type="checkbox"/> Babysitting            |
| <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Outdoor Education     |   |

Branch Desired: Framingham 280 Old Connecticut Path Framingham, MA 01701 508.879.4420  
Hopkinton 45 East Street Hopkinton, MA 01748 508.435.9345

Describe the skills and/or experience you have that would help you succeed as a YMCA volunteer.  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever volunteered before? Yes No If yes, where and in what area? \_\_\_\_\_

How did you learn about volunteer positions at the MetroWestYMCA? \_\_\_\_\_

When are you able to volunteer? Please provide a start date: \_\_\_\_\_. Please provide an approximate estimate of your commitment to volunteer service in terms of months \_\_\_\_\_. Also, please indicate below the weekdays and time periods you are available:

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning _____ | <input type="checkbox"/> Afternoon _____ | <input type="checkbox"/> Evening _____ |

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

References:  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*I understand that no verbal promises or guarantees relating to volunteer work are binding upon the MetroWest YMCA and that, if accepted, I will be a volunteer "at will" and may be discharged at any time for any reason.*  
 Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail to: MetroWest YMCA, 280 Old Connecticut Path, Framingham, MA 01701 (508) 879-4420**  
**ATTN: VOLUNTEER COORDINATOR**