METROWEST YMCA
We're for: Youth Development, Healthy Living, Social Responsibility.

METROWEST YMCA VOLUNTEER APPLICATION

Name _____ Date of Birth _____

Street _____ Town_____ Zip Code _____

Home Phone _____ Work Phone _____ Occupation _____

Volunteer Program Area Desired:

❑Aerobics	❑Aquatics	❑Administrative Support
❑Member Services	❑Nautilus	❑Building & Grounds
❑Preschool Enrichment	❑School Age Child Care	❑Summer Camp
❑Teens	❑Youth Sports	❑Gymnastics/Dance
❑Preschool Child Care	❑Preschool Open Gym	❑Babysitting
❑Fundraising	❑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:

❑Monday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Tuesday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Wednesday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Thursday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Friday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Saturday	❑Morning _____	❑Afternoon _____	❑Evening _____
❑Sunday	❑Morning _____	❑Afternoon _____	❑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