



Boothbay Region YMCA

Volunteer Application Form

(All volunteers are subject to a background check and Annual Trainings)

Personal Information

Name (First, Middle, Last): _____
Date of Birth: _____ Phone #: _____
Address: _____
Email: _____

Preferred method of contact (circle one): EMAIL / PHONE #

Gender: _____ Race/Ethnicity: _____

Are you a current Y Member? YES / NO If yes, which location? _____

Are you under age 18? YES / NO If yes, age: _____

If under 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Are you looking to fulfill a school requirement? YES / NO

If yes, which school? _____

Hours needed: _____ Deadline: _____

Have you ever been a previous YMCA employee or volunteer? YES / NO

Do you have any diverse ability/disability you would like us to be aware of?

If so, please explain: _____

Interested Areas for Volunteering

(Circle all that apply)

Tennis — Aquatics — Healthy Living — Y-Arts — Fundraising — Summer Camps —
Teen/Youth Programs — Special Events — Maintenance —

Other: _____

Primary Reason for Volunteering

(Select one)

- ☐ Would like to give back to the community ☐ Want to share a passion/hobby ☐
Service hours for educational credits ☐ Experience / networking ☐
Court-appointed community service ☐ Employer referral

☐ Other: _____

Work History

(List most recent employment)

Employer: _____

Position: _____

Years Employed: _____

Supervisor Name: _____

Supervisor Phone: _____

Employer: _____

Position: _____

Years Employed: _____

Supervisor Name: _____

Supervisor Phone: _____

Education History

School/Institution: _____

Location: _____

Years Attended: _____

Degree/Certification: _____

Volunteer History

Organization: _____

Role / Duties: _____

Years of Service: _____

Supervisor Name: _____

Organization: _____

Role / Duties: _____

Years of Service: _____

Supervisor Name: _____

Position of Trust With Children

Because many volunteer opportunities involve contact with minors, please confirm:

- ☐ I attest that I am suitable to serve in a position of trust with children.
(*Background checks are required for all volunteers age 18+.*)

Emergency Contact

Name (First, Last): _____

Relationship: _____

Phone #: _____

OFFICE USE ONLY

Date Received & Reviewed Application: _____

Initial of staff: _____

Back Ground Check Completed: _____