



We build strong kids,
strong families, strong communities.



Dear Volunteer Candidate,

Thank you for your interest in contributing to your community through possible involvement at the Brockville and Area YMCA.

The Brockville and Area YMCA believes that people enrich their own lives when they enrich the lives of others. Everything we do is a partnership between volunteers and staff; we consider volunteers an integral part of our organization. This partnership supports the dedication of the YMCA to involve people in programs and services to build strong kids, strong families and strong communities.

The Brockville and Area YMCA believes that through volunteerism members of the community can develop in spirit, mind and body by:

- Helping others
- Contributing to the betterment of the community
- Learning new skills and developing leadership skills
- Increasing self esteem
- Sharing activities with others

Please fill out the attached Volunteer Application Form and return it to a staff member at the Association Services Desk to my attention. After your application is reviewed, you will be contacted for a brief interview. All volunteers (18 years and over) must undergo a police records check, before they are assigned volunteer positions.

If you have any questions about volunteering or future volunteer opportunities, please call 613-342-7961, extension 30, or e-mail ahudson@brockvilley.com

On behalf of the Brockville and Area YMCA, thank you for your interest.

A handwritten signature in black ink that reads 'Anna Hudson'.

Anna Hudson
Supervisor, Fund & Volunteer Development

Brockville and Area YMCA

345 Park Street, Brockville, ON K6V 5Y7 | tel. 613 342-7961 | fax 613 342-8223 | www.brockvilley.com

Your YMCA- A Charity Open To All





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Brockville and Area YMCA Volunteer Application

1. Your Information:

First Name: _____ Last Name: _____

Address: _____ City: _____ Postal Code _____

Telephone (please circle: Home/Cell/ Work) _____ E-mail: _____

Age: 10-13 years 14-17 years Adult Date of Birth (Optional) _____
yyyy/month/day

I am a student YES NO I am volunteering for my 40 hours YES NO
School _____ I am in Grade/ Program _____

In case of emergency, please notify:
Name _____ Telephone _____

2. Please list past work experience and volunteer work.

3. I am interested in volunteer work in these areas (choose all that apply)

- Adult fitness classes (*certification required*)
- Board of Directors (3 year term)
- Committee Work
- Food preparation
- Preschool programs (0-5 year olds)
- Youth Programs (12-17 year olds)
- Workout Area Instruction (conditioning floor) (*certification required*)
- Other: specify _____
- Aquatics (*certification may be required*)
- Clerical work (filing, computers, etc.)
- Cleaning (general)
- Maintenance (gardening, painting, etc.)
- School Age programs (6-11 year olds)
- Work Out Floor Monitoring (conditioning floor)

4. How many hours per week would you have to give to your YMCA? _____

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5. Do you have current certifications?

First Aid expiry _____ CPR expiry _____ WHMIS expiry _____

Aquatics: *specify* _____

Fitness: *specify* _____

Other: *specify* _____

6. Are there any days or times of day when you would prefer to volunteer? (please specify)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

7. I learned about the Brockville and Area YMCA Volunteer program from:

- Brockville and Area YMCA Website
- Newspaper
- Facebook
- Volunteer Bureau
- Other _____
- Referred by _____

8. Please provide personal references:

➤ Name: _____

Address: _____

Phone: _____ e-mail _____

➤ Name: _____

Address: _____

Phone: _____ e-mail _____

9. **NOTE: A police check is required for everyone ages 18 years+ prior to actively volunteering.**

Forms are available during the interview to take to the OPP or Brockville Police.

➤ Signature of Volunteer: _____ Date _____

➤ Signature of Parent/ Guardian: (if applicant is under 18 years of age)

Date _____

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