



YMCA

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.

As a charitable, not for profit organization, 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. After your application is reviewed, you will be contacted for an interview. All volunteers (18 years and over) must undergo a police records check (including the vulnerable sector screening), before they are assigned volunteer positions. If a police check is required forms will be provided during the interview process.

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.

Anna Hudson
Manager, Association Services

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)

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

4. I would like to support the charitable work of the Brockville and Area YMCA, with my donation in the amount of \$_____.

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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 times)

| | 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
- Facebook
- Other _____
- Newspaper
- Volunteer Bureau
- 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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PHOTOGRAPHY CONSENT

I hereby give my consent to be photographed for the purpose of programming promotion and/or advertising for the Brockville and Area YMCA.

Print Name of Staff or Volunteer

Signature of staff or volunteer

Date

Parent's signature (if staff or volunteer is under 18 years of age)

Witness

Date

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