

YMCA of Greater Springfield  
275 Chestnut Street, STE 1, Springfield, MA 01104  
Phone 413-739-6951; FAX 413-736-4869

## **VOLUNTEER SERVICES APPLICATION**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

EDUCATION: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### **VOLUNTEER CATEGORIES:**

YMCA Volunteer – receives no special privileges or financial compensation.

Community Service - N/A

To fulfill requirements of an outside agency for benefits. [# of hours \_\_\_\_\_ per \_\_\_\_\_.]

Intern – School credit

REASON FOR VOLUNTEERING: \_\_\_\_\_

Have you volunteered for the YMCA before? If yes, what department? \_\_\_\_\_

Have you volunteered for another organization? If yes, where? \_\_\_\_\_

### **VOLUNTEER REFERENCES**

(Choose someone you recently worked or volunteered for, and someone you have known for many years)

<u>Name</u>	<u>Title</u>	<u>Organization</u>	<u>Phone #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### **DAYS AND TIMES AVAILABLE:**

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

### **PROGRAM AREAS YOU WOULD PREFER:**

(Please rate with 1 being your top choice(s) to 5 your least favorite.)

#### HEALTH & RECREATION

\_\_\_ Aerobics  
\_\_\_ Active Older Adults (AOA) programs  
\_\_\_ Gym Monitor  
\_\_\_ Cybex Center equipment  
\_\_\_ Swim lessons/Aquatic programs  
\_\_\_ Adult sports

#### YOUTH – TEENS

\_\_\_ Day Care\*\* (6 mos.-school age)  
\_\_\_ Before/after school\*\*  
\_\_\_ Babysitting/Y Club  
\_\_\_ Teen Center activities  
\_\_\_ Camp (in summer)  
\_\_\_ Youth sports (by season)

#### OFFICE/OTHER:

\_\_\_ Clerical support  
\_\_\_ Fund-raising  
\_\_\_ YMCA tour guide  
\_\_\_ Special Events  
\_\_\_ Specialty programs  
(i.e. photography,  
arts & crafts)

\*\*In order to volunteer in these program areas, a *physician's note stating that you are in good health plus proof of vaccinations for measles, mumps and rubella is required.*

**VOLUNTEER HELP COMING YOUR WAY!!!**

Date: \_\_\_\_\_

Forwarded to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return to: Peggy Graveline, Development Office

Date: \_\_\_\_\_

- Attached is an application from \_\_\_\_\_ who would like to volunteer in your department. Please look it over, and let me know if his/her services can enhance your program.

- Please return this form by \_\_\_\_\_, so that I may contact the volunteer. (Please keep the application if you are accepting this volunteer.)

\_\_\_\_ Yes, I am interested. We can use his/her help on:

Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_ Saturday\_\_\_ Sunday\_\_\_

Times: From: \_\_\_\_\_ a.m. / p.m. To: \_\_\_\_\_ a.m. / p.m.

To do: \_\_\_\_\_

\_\_\_\_ This candidate looks good, but nothing is available right now. Please tell them we will contact them when there is an opening.

\_\_\_\_ I am unable to use the services of this volunteer because \_\_\_\_\_  
\_\_\_\_\_.

THANKS!!



