



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Bloomsburg Area YMCA
Volunteer Application**

Please return completed application to YMCA

Personal Information		
Name:		
Address:		
City:	State:	Zip:
Present Employer:		
Profession (Past/Present):		
Daytime Phone:	Evening Phone:	
Email:		
Emergency Contact Name:		
Emergency Contact Phone:		

The information requested below is required to obtain a limited criminal history check		
Social Security #:	Date of Birth:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> African American
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
Have you been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain:		

(Conviction may be relevant if activity-related, but does not immediately prevent your participation)		

Please help us provide you with the best volunteer experience by providing us with some additional information.	
Where did you hear about our YMCA and our volunteer opportunities?	
Are you a current YMCA member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What do you hope to gain from volunteering?	
What other organizations have you volunteered with? Please list organization, dates and capacity:	

