OSWEGO YMCA Student Community Service Application

Name	Date		
Address	DOB PHONE (W)		
Phone (H)			
Health: Good Fair Poor			
If you checked fair or poor please explain:			
School Attending	-		
Class/Organization			
Instructor/ In charge of contact			
Instructor/ In charge of contact phone:			
Hours needed			
Deadline			
Field of study	-		
Please Check Fields You Are Interested	In:		
Adult Fitness:	Clerical:		
Group Exercise	Computer Skills		
Fitness Center Trainer/ Monitor	Welcome Center Staff		
Aquatic Fitness Instructor	Other		
Special Events			
Active Older Adults	Miscellaneous:		
Other	Maintenance		
	Artwork		
YOUTH PROGRAMS:	Crafts		
Childwatch	Other		
Camp			
SACC/School's Out			
Youth Sports			

Enric	hment Prograr	n					
Swim	Lessons						
Famil	y Programmir	ıg					
Other							
	Ple	ase Circle wha	t Day and Tim	es you are Ava	ilable:		
SUN	MON	TUES	WED	THURS	FRI	SAT	
AM	AM	AM	AM	AM	AM	AM	
PM	PM	PM	PM	PM	PM	PM	
		1 0 1:6:	. 1.1	.1 1 1	1		
_ist any Ce	ertifications an	d or Qualificat	ions which you	u currently hole	d:		
List any Ho	obbies or Spec	ial Activities:					
Please list 3	3 references of	her than family	y members:				
Jame				Phone			
NameName							
· varric			1				
		iminal convict		NO			
if yes, plea	se give details						
		d in any Oswe		grams:	YES	NO	
ii so, willer	i one					_	
•	YMCA membe		NO				
		ıl date: would like to b		ego YMCA vo	olunteer:		
Sign	nature of appli	cant		Γ	Date		

Date received:	Date routed:	Program:		
Initials:	Initials:		Date hired:	
Outcome:				