



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## OSWEGO YMCA VOLUNTEER APPLICATION

\_\_\_\_\_  
LAST NAME FIRST NAME DATE

\_\_\_\_\_  
HOME PHONE WORK PHONE CELL PHONE

\_\_\_\_\_  
ADDRESS EMAIL

HEALTH: GOOD \_\_\_ FAIR \_\_\_ POOR \_\_\_ Are you 18 or older? \_\_\_ Yes \_\_\_ No

IF YOU CHECKED FAIR OR POOR, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE CHECK AREAS THAT YOU ARE INTERESTED IN:

#### ADULT FITNESS:

- GROUP EXERCISE INSTRUCTOR
- FITNESS CENTER TRAINER/ MONITOR
- AQUATIC EXERCISE / SWIMMING INSTRUCTOR
- SPECIAL EVENTS
- ACTIVE OLDER ADULTS
- OTHER

#### CLERICAL:

- COMPUTER WORK
- WELCOME CENTER STAFF
- OTHER

#### **For Office Use Only**

DATE RECEIVED:

INITIALS:

OUTCOME:

DATE ROUTED:

INITIALS:

#### YOUTH PROGRAMS:

- CHILDWATCH
- CAMP ONTARIO/CAYUGA
- SACC / SCHOOL'S OUT
- YOUTH SPORTS
- ENRICHMENT PROGRAM
- SWIMMING LESSONS
- SYNCHRONIZED SWIM TEAM
- FAMILY PROGRAMMING
- OTHER

#### MISCELLANEOUS:

- MAINTENANCE
- ARTWORK
- CRAFTS
- OTHER

PROGRAM:

DATE HIRED:

**PLEASE TELL US WHAT DAYS AND TIMES YOU ARE AVAILABLE:**

SUN: \_\_\_\_\_ MON: \_\_\_\_\_ TUE: \_\_\_\_\_ WED: \_\_\_\_\_  
THU: \_\_\_\_\_ FRI: \_\_\_\_\_ SAT: \_\_\_\_\_

**LIST ANY CERTIFICATIONS AND / OR QUALIFICATIONS WHICH YOU CURRENTLY HOLD:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY HOBBIES OR SPECIAL INTERESTS:**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST 3 REFERENCES, OTHER THAN FAMILY MEMBERS:**

NAME/RELATIONSHIP _____	PHONE _____
NAME/RELATIONSHIP _____	PHONE _____
NAME/RELATIONSHIP _____	PHONE _____

**HAVE YOU HAD ANY PAST CRIMINAL CONVICTIONS?** (Please Circle) YES NO

IF YES, PLEASE GIVE DETAILS:

\_\_\_\_\_

**ARE YOU CURRENTLY ENROLLED IN A YMCA PROGRAM?** (Please Circle) YES NO

IF SO, WHICH ONE: \_\_\_\_\_

**ARE YOU A YMCA MEMBER?** (Please Circle) YES NO

IF SO, WHAT IS YOUR RENEWAL DATE? \_\_\_\_\_

**EXPLAIN BRIEFLY WHY YOU WOULD LIKE TO BECOME A YMCA VOLUNTEER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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