

# YVOLUNTEERS

**Volunteerism is the willingness to help others without the expectation of pay or tangible benefit. Are you most interested in:**

- Fulfilling a school or work requirement, if so, how many hours \_\_\_\_\_
- Fulfilling a community service requirement, if so, how many hours \_\_\_\_\_
- A one time volunteer project
- An on-going regular scheduled position

## **OPPORTUNITIES AT THE YMCA:**

### **Management**

- Board Member
- Administrative Project (i.e. marketing)

### **Financial Development**

- Fundraising Assistant
- Grant Writing

### **Facilities**

- Housekeeping
- Maintenance Project

### **Membership**

- Receptionist
- Office Support
- Program Assistant

### **Aquatics**

- Swim Lesson Instructor
- Water Fitness Instructor

### **Fitness**

- Group Exercise Instructor
- Home School P.E. Instructor

### **Youth and Teen**

- Youth Center Assistant
- Teen Club Assistant

### **Youth Sports**

- Coach
- Referee
- Gym Supervisor

### **Community Development**

- Special Events
- Lunch Buddy
- Foster Grandparent

### **Preschool**

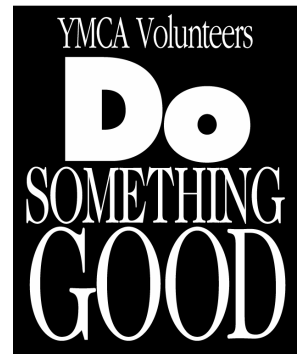
- Classroom Assistant
- Child Watch Assistant
- Guest Speaker
- Enrichment Volunteer (i.e. science, language, art, sports)

### **Afterschool Program**

- Afterschool Program Assistant
- Enrichment Volunteer (i.e. science, language, art, sports)

### **Camp**

- Special Activity Instructor
- Day Camp Counselor (summer)
- Resident Camp Counselor (summer)
- EMT or RN Nurse (with certification)



**Please mark your interests above and return to the YMCA Welcome Center**

**Name:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_



# VOLUNTEER APPLICATION

Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501

Phone (541) 772-6295; Fax (541) 772-8427; www.rvymca.org

We appreciate your interest in volunteering at the Rogue Valley Family YMCA. Please fill in the information in the area provided below. All applications are reviewed carefully but its receipt does not imply that you will be accepted. Thank you for applying to be a volunteer at the YMCA.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Your major skills and interest areas: \_\_\_\_\_

Age groups you prefer to work with: \_\_\_\_\_

Do you have any physical limitations which might prevent you from engaging in physical activities?

If yes explain: \_\_\_\_\_

Have you ever plead guilty to, or been convicted of, a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

This includes traffic violations so if yes, explain: \_\_\_\_\_

Please check the certifications you currently hold and list the expiration date of each:

\_\_\_\_ Driver's License (State \_\_\_\_\_ Number \_\_\_\_\_) Expires: \_\_\_\_\_

\_\_\_\_ Standard First Aid Expires: \_\_\_\_\_

\_\_\_\_ CPR (Adult and/or Infant/Child) Expires: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_ Expires: \_\_\_\_\_

Please list additional education, training and experience related to this position:

1. \_\_\_\_\_ Date(s) \_\_\_\_\_

2. \_\_\_\_\_ Date(s) \_\_\_\_\_

3. \_\_\_\_\_ Date(s) \_\_\_\_\_

**REFERENCES:** List three non-relatives whom you have known for at least one year

Name	Address and Phone	Position/Title	Years Known
1.			
2.			
3.			

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

1. Why do you want to volunteer for the Rogue Valley Family YMCA?

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2. How can you contribute to goals and mission of the Rogue Valley Family YMCA?

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3. What are some of your unique, individual talents you bring as a volunteer?

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I certify that the information on this application is true, complete and correct. I authorize the Rogue Valley Family YMCA to perform the necessary background checks to determine my qualifications for volunteer work and the safety of YMCA participants and programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the person applying as a volunteer is under the age of 18, a parent/guardian must sign below. Your signature indicates this application is made with full approval on your part.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# YVOLUNTEERS™

Rogue Valley Family YMCA  
 522 West 6th Street; Medford, OR 97501  
 (541) 772-6295; [www.rvymca.org](http://www.rvymca.org)

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Month: \_\_\_\_\_

Date	Day	IN	OUT	TOTAL	IN	OUT	TOTAL
1							
2							
3							
4							
5							
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31							

Total:

Total:

Volunteer Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Grand Total:**

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