



**OLEAN FAMILY YMCA
VOLUNTEER INTEREST APPLICATION**

NAME _____ AGE _____ DATE _____

ADDRESS _____ PHONE: (HOME) _____
 _____ (WORK) _____

1. The Olean Family YMCA is always in search of volunteers who freely and willingly give of their time and services toward meeting the needs of the community.
2. They are Y members who share/believe in the YMCA mission to:
 - Promote healthy lifestyles
 - Develop leadership qualities in youth
 - Strengthen family relationships
 - And develop commitment to community
3. Volunteers are the heart of the YMCA because they provide services and time that could not be covered by our staff.
4. Volunteer Interest Areas: (Please check areas of interest).

- | | |
|--|--|
| <input type="checkbox"/> Adult sports | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Office Duties |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Pre-school Programs |
| <input type="checkbox"/> Member Service Desk | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Fitness Programs | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Wellness Center | <input type="checkbox"/> Teens (Teen Center/Midnight Basketball) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Family Activities |

5. Times Available:

Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	

6. Are there any special considerations or restrictions on your volunteering?
 Please explain: _____

7. My reason for volunteering is: _____

8. Have you ever been convicted of a crime? yes no Date _____
 Give details _____

OFFICE USE:
 Referred to: _____ Date: _____