FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Volunteer Application for Sussex County YMCA

Name:_____

Please Check Appropriate Age Box: 13-17 years ☐ 18+ years ☐

Address:_____

Town:_____ State/Zip:_____

Phone:_____ Cell:_____

Email Address:_____

Areas you would like to volunteer in (check all that apply):

___Babysitting ___Youth Programs ___Teen Programs ___Maintenance ___Aquatics

___Senior Programs ___Administration ___Committees ___Health and Wellness ___Special Events

Other:_____

Experience / Interests / Qualifications:

In order to match you with a volunteer experience that best suits you, please provide information on your skills and abilities (Please use the back if you need more room):

Availability:

___ I am available to volunteer from _____ to _____.
(date) (date)

___ I am available to volunteer on an ongoing basis.

Days/times of availability:_____

Are you required to complete community service hours? If so, please complete the following questions:

Why are you required to do community service hours? ___High School ___College Other:_____

How many hours do you need to complete? _____ By what date: _____

References:

Please provide THREE references. Only one reference may be a family member. Other suitable references include a teacher, coach, employer, minister, etc.

Name:	Relationship:	Phone Number:
1.		
2.		
3.		

Please return your application to the Volunteer Coordinator
Sussex County YMCA
15 Wits End Road, Hamburg, NJ 07419
Phone: 973 209 9622 Fax: 973 209 1483