



Volunteer Application Form

Committed volunteers are essential to the YMCA as we work to fulfill our mission to strengthen community in spirit, mind and body. We are delighted that you have taken the first step towards becoming a YMCA Volunteer. Please complete the application form and return it to the YMCA via email (volunteer@oakville.ymca.ca) or in person @ 410 Rebecca St, Oakville.

Personal Information

First Name: _____ Last Name: _____ Male: Female:

Address: _____ City: _____

Province: _____ Postal Code: _____ Date of Birth: ____/____/____
Month / Day / Year

Please Check Preferred Method of Contact:

Home Number: () _____ - _____ Cell Number: () _____ - _____ Email: _____

How did you learn about volunteering at the YMCA of Oakville? YMCA Member YMCA Staff Website
 Other: _____ Are you a member of the Oakville YMCA? Yes No

Please check which description(s) fits your current status: Employed Full-time Employed Part-time Retired
 Full-time Student Part-time Student Stay-at-home parent Other: _____

What is your availability for volunteering?

<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM	<input type="checkbox"/> Saturday AM	<input type="checkbox"/> Sunday AM
<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM	<input type="checkbox"/> Saturday PM	<input type="checkbox"/> Sunday PM

How long of a commitment are you willing to provide?

Single Day Short Term (less than 6 months) Medium Term (6 months – 1 year) Long Term (1 year +)

To assist with directing your application to the corresponding department, please review the categories below carefully.

Please check off and number your top 3 areas of interest, in order of priority:

Advisory: Volunteers who provide leadership in advising the YMCA regarding important issues and overall direction; people meeting a goal, providing advice or feedback, usually in a group setting.

Membership Advisory Volunteer Advisory

Program: Volunteers working in program delivery or working to support program delivery.

Group Fitness -Y Fitness cert or equivalent required Preschool Administrative
 Wellness Coach/Individual Training Youth Facility Maintenance & Housekeeping
 Customer Service Summer Camps Marketing & Communications
 Aquatics-Bronze Cross required Licensed Child Care- min 16 yrs Other: _____

Philanthropy: Volunteers who raise funds on behalf of the YMCA through individual campaigning/storytelling and members of various campaign cabinets and committees.

Share my YMCA Story YMCA Strong Kids Annual Campaign Secure Sponsorships

Policy: Members of the Board of Directors and or Board Committees.

Board Member Member of a Board Committee

Special Events: Volunteers who plan, promote and run events, including fundraising events, that fall outside normal program activities.

Peace Week Healthy Kids Day Family Day YMCA Strong Kids Promotional Fairs/Booths Other Events

Current or Past Volunteer Experience, Training, Certification and/or Education (that applies to area of volunteer interest):

Please share your personal reasons for becoming a YMCA volunteer and what you hope to gain from the experience:

Please list three non-relative references (ex: coaches/teachers/religious leaders/volunteer supervisors/employers etc.)

1) Name: _____ Position: _____

Phone Number: () _____ - _____ Email: _____ Relationship: _____

2) Name: _____ Position: _____

Phone Number: () _____ - _____ Email: _____ Relationship: _____

3) Name: _____ Position: _____

Phone Number: () _____ - _____ Email: _____ Relationship: _____

Consent to Collection and Disclosure:

I understand that the YMCA will be collecting, creating, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the YMCA doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes, and to inform me about YMCA programs or services. I consent to the release of my name and address to the YMCA's Financial Development Department to further the YMCA's philanthropic activities. I also consent to the use of any photographs/ videos which may be taken to be used by the YMCA in any local or national print or promotional production material.

As a condition of volunteering for the YMCA, the applicant is responsible for obtaining a current Security Clearance with a Vulnerable Sector Screening. This must be issued within 12 months of the start of a volunteer placement. I also understand that the YMCA will randomly select a group of volunteers to submit an up-to date Security Clearance check on an annual basis. I also understand that I will be supervised at all times so as not to be in a position where I am alone with children and or vulnerable adults. For additional information refer to www.ymcaofokville.org.

Applicant Signature

Date

Parent/Legal Guardian Signature
(Required for applicants under 18 years of age)

Date

FIRST STEP: COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY

Date HR received application: _____ Security Clearance submitted with application Yes No
Applicant was acknowledged identify date: _____ Phone Email Letter Other: _____
Application forwarded to (identify staff name and department): _____
Volunteer applicant recorded in volunteer applications data base (identify date and by whom): _____

SECOND STEP: COMPLETED BY INTERVIEWING DEPARTMENT ONLY

Applicant Called: _____ Interview Date: _____ Interview Conducted by Whom: _____
Reference(s) Checked: _____ Certification Confirmed: _____ SCCVS Approval Date: _____
 Position recommended Position not recommended /or available at this time, notify Human Resources Department to remove applicant's name from the Volunteer Application Data Base
Orientation Check List:
 Registered for Orientation training (identify date): _____
 Reviewed all Operating Policies and Procedures (ie, Health and Safety, Child Protection, All COT's completed etc.):
 A volunteer personnel file created within the departmental personnel files
Primary Location: _____ Primary Department: _____ Primary Program: _____
Volunteer Type: Advisory Program Philanthropy Policy Special Event
Primary Staff Contact: _____ Uniform & Name tag provided
 Reviewed with volunteer process for tracking of hours Placement confirmed (identify start date): _____
 Email address forwarded to the Marketing & Communications Department
 Copy of the volunteer application with second step completed, returned to the Human Resources Department

FINAL STEP: COMPLETED BY HUMAN RESOURCES DEPARTMENT ONLY

Volunteer personal information entered into Volunteer Data base (identify date & completed by): _____
 Copy of the completed volunteer application filed (identify date & completed by): _____