

**YMCA of Cape Breton**  
**VOLUNTEER APPLICATION FORM**  
 (Volunteer files are confidential)

<b>Desired job title</b> (if in response to volunteer posting):
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<b>Personal Information</b> Last Name		First Name	
Address			
City		Postal Code	
Home Phone #		Cell/Office Phone #	
Email			
<b>Emergency Contact Person</b>			
Name		Phone #	
Languages spoken		French English Other:	

<b>Current Occupation:</b>
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**What age group and population would you be interested in working with?**

- Children / Youth:  0-5 years  5-10 years  10-15 years  15-18 years
- Elderly       Marginalized groups
- Families       Y employees
- Adults       Other: \_\_\_\_\_

**What sector would you like to volunteer with?**

- Youth activities       Day Camp       Customer service       Child Care       Aquatics
- Individual Fitness       Board of Directors       Group Fitness Classes
- International Programs       Campaigns / Fundraising       Special Events
- Administrative Support       Sports and Leisure Activities Other: \_\_\_\_\_

<b>Availability</b> Are you available on a regular basis?	Yes No	For events?	Yes No
Days you would prefer:			
Monday Tuesday Wednesday Thursday Friday Saturday Sunday			

Time of day you would prefer:	Morning	Afternoon	Evening
Hours/week:			
Details:			

**Skills (aptitudes, talents, and interests you would like to put to use)**

Training:

Skills:

**Other areas of interest (areas you are interested in and would like to explore)**

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**If you have any previous volunteer experience, please include the name of the organization(s) you have previously worked with and in what capacity.**

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**As a volunteer at the YMCA I:**

- Believe that I am ready to fulfil the mission, vision, and values of the YMCA
- Will be trained in regards to the various rules and regulations that govern the YMCA
- Have read the member etiquette statement and agree to uphold the statement
- Understand that before I can volunteer at the YMCA I must complete a police background check form and a child abuse registry form at my own expense
- Understand my candidature will be reviewed and accepted by the Board of Directors to be effective
- Attest that all of the above information is complete and accurate to the best of my knowledge

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

(Parent/Guardian signature is required if the volunteer is under the age of 18)

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**

**Volunteer Opportunities in the Cape Breton Regional Municipality:**

YMCA of Cape Breton  
399 Charlotte Street Sydney, NS B1P 1E3 email: info@cbymca.com

**Volunteer opportunities in the Strait Area:**

YMCA of Cape Breton  
606 Reeves Street, Port Hawkesbury, NS B9A 2R7 email: info@cbymca.com