



# GEORGIA MOUNTAINS YMCA VOLUNTEER APPLICATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

To help us learn about your experience, abilities, and interests,  
Please complete this Application for Volunteers as thoroughly as possible.

## PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Cell Phone No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Years At Address	Message/Business No. + Ext. (    )
EMAIL ADDRESS:		
POSITION YOU ARE APPLYING FOR TITLE: Program Volunteer		
REFERRED BY:		

## EMPLOYMENT INFORMATION

Company Name	Phone No. (    )	Dates of Employment From (Mo/Yr) To (Mo/Yr)
Address (Include Street, City, State, Zip Code)		
Position / Job Title	Supervisor (Name & Title)	
Description of Job Duties		

## VOLUNTEER INFORMATION

Most Recent Volunteer Work: (Please list year started:	Organization Name:
Have you ever been employed by the Georgia Mountains YMCA before?	
<input type="checkbox"/> NO <input type="checkbox"/> YES    If yes, when? In what capacity?	

**REFERENCE DATA**  
**PROFESSIONAL/WORK REFERENCES WE MAY CONTACT**  
 (please submit at least three individuals)

Name	Home Phone No.	Work Phone No.
Address (Include Street, City, State, Zip Code)		
Relationship to you		

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I understand that as a volunteer I will be committing my time to the children of Hall County. In addition I understand that as a volunteer of the YMCA it is imperative that my commitment be sincere as I am working in partnership with the YMCA to provide a better community.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date of Application