



To be Completed by Volunteer		
Last Name	First Name	
Address (Street #, Apt # and Street Name)	City, Province	Postal Code
Telephone #	Date of Birth (year/month/day)	Email Address
Emergency Contact	Relationship	Telephone #

To be Completed by Volunteer Coordinator	
Location: <input type="checkbox"/> SACC <input type="checkbox"/> PSCC <input type="checkbox"/> Wanakita <input type="checkbox"/> YMCA Employment, Training and Settlement <input type="checkbox"/> HF (indicate branch below): _____ <input type="checkbox"/> Other (indicate below): _____	Classification (for definitions see Volunteer Guidelines in Handbook):
Start Date:	
Notes or Comments:	

Approvals	Signature	Date
Volunteer Coordinator:		
GM / SRM:		
HR:		



VOLUNTEER APPLICATION FORM

Thank you for considering a YMCA volunteer opportunity. The YMCA believes that people enrich their own lives when they enrich the lives of others. All YMCA endeavors involve a partnership of volunteer and staff teams dedicated to creating healthy communities where individuals and families have opportunities to reach their potential.

GENERAL INFORMATION

Full Name					
Address				Apt / Unit #	
City		Province		Postal Code	
Telephone #			Mobile #		
Email Address				DOB	
Emergency Contact		Relationship		Contact #	

VOLUNTEER AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
__-__ am	__-__ am	__-__ am	__-__ am	__-__ am	__-__ am	__-__ am
__-__ pm	__-__ pm	__-__ pm	__-__ pm	__-__ pm	__-__ pm	__-__ pm

Current or Past Volunteer Experience

REFERENCES

Name	Number & Email	Relationship

COMMUNITY SERVICE REQUIREMENT (STUDENTS ONLY)

Name of School			
School Contact Name			
School Contact Number			
Hours needed to meet requirement		Deadline to meet requirement	
Completion Verification Letter Required?	Yes No		
Addition Information			

Signature of Student		Date	
Signature of Parent/Guardian		Date	

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 which may be taken to be used by the YMCA in any local or national print or promotional production material.

A current criminal reference check issued within 30 days of the start of a volunteer placement is a condition of volunteering with the YMCA. As per YMCA policy, the YMCA also reserves the right to request future subsequent reports. Subsequent report requests will be paid for by the YMCA.

Signature of Applicant		Date	
Signature of Parent/Guardian		Date	

FOR OFFICE USE ONLY

Received by		Date Received	
Notes			
Signature of Receiver			



Volunteer Agreement

I, _____, agree to the following terms and conditions required to be a volunteer with the YMCA of Hamilton/Burlington/Brantford.

(Volunteer Position): _____

Security Screenings:

I acknowledge and agree that prior to being allowed to volunteer; I must have applied as a volunteer and successfully completed and submitted a satisfactory Vulnerable Sector Check issued no greater than 6 months prior to the start date. **Please note that if you are under the age of 18 years, you are NOT required to submit a police record check of any type until such time as you have reached the age of 18 years or older.**

Confidentiality:

As a condition of your volunteer placement with the YMCA, you agree to adhere to the Association’s confidentiality and privacy policies. Failure to comply with the confidentiality and privacy requirements will be considered a serious breach of your volunteer placement and will be subject to disciplinary action up to and including termination.

Description of Volunteer Activity:

- Engage in group or one to one discussion around academic preparedness, academic aspirations, challenges of transitioning between high school and post-secondary, what to expect when in post-secondary education, and positive coping mechanisms
- Adhere to the YMCA mission, values and procedures
- Interact with youth and respond to their needs within reason
- Work closely with YMCA staff members
- Maintain confidentiality of the YMCA and client information
- Maintain a safe and inclusive environment that is free of bias/favoritism

General Terms and Conditions:

- I will, at all times, act in compliance with both YMCA policies and procedures as well as the YMCA core Values (Caring, Respect, Responsibility, Honesty and Belonging);
- I will, at all times, exercise caution and take reasonable care of all YMCA property;
- I acknowledge and agree to complete to the best of my abilities, the tasks mentioned above;

Volunteer Signature Date

Volunteer Coordinator Signature Date

