



**VOLUNTEER APPLICATION FORM**  
**(All volunteer files are confidential)**

<b>Desired job title</b> (if this is in response to an offer):	
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**Personal information**

Last name		First Name	
Address			
City		Postal Code	
Home Phone #		Office Phone #	
Email			

**Emergency Contact Person**

Last Name / Given Name		Phone #	
Languages spoken	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____		

<b>Current occupation</b>	
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**Which centre(s) would you be interested in volunteering at?**

- |                                                |                                               |                                                        |
|------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Cartierville          | <input type="checkbox"/> Notre Dame de Grâce  | <input type="checkbox"/> Camp Kanawana                 |
| <input type="checkbox"/> Downtown              | <input type="checkbox"/> Pointe-Saint-Charles | <input type="checkbox"/> International Language School |
| <input type="checkbox"/> Du Parc               | <input type="checkbox"/> Saint-Laurent        | <input type="checkbox"/> Residence                     |
| <input type="checkbox"/> Guy-Favreau           | <input type="checkbox"/> West Island          | <input type="checkbox"/> Association Services          |
| <input type="checkbox"/> Hochelaga-Maisonneuve | <input type="checkbox"/> Westmount            |                                                        |

**What age group(s) and population would you be interested in working with?**

- |                                            |                                              |                                     |                                      |                                      |
|--------------------------------------------|----------------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Children / Youth: | <input type="checkbox"/> 0-5 years           | <input type="checkbox"/> 5-10 years | <input type="checkbox"/> 10-15 years | <input type="checkbox"/> 15-18 years |
| <input type="checkbox"/> Elderly           | <input type="checkbox"/> Marginalized groups |                                     |                                      |                                      |
| <input type="checkbox"/> Families          | <input type="checkbox"/> Y employees         |                                     |                                      |                                      |
| <input type="checkbox"/> Adults            | <input type="checkbox"/> Other: _____        |                                     |                                      |                                      |

**What sector(s) would you like to volunteer with?**

- |                                                                                   |                                                             |                                                 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Youth activities<br>(Dance, evening events, sports etc.) | <input type="checkbox"/> Homework help/support for students | <input type="checkbox"/> Day camp               |
| <input type="checkbox"/> Individual fitness                                       | <input type="checkbox"/> Customer service                   | <input type="checkbox"/> Daycare                |
| <input type="checkbox"/> Group classes (aerobics)                                 | <input type="checkbox"/> Advisory board of one our centres  | <input type="checkbox"/> Board of Directors     |
| <input type="checkbox"/> Campaigns/Fundraising                                    | <input type="checkbox"/> Language school                    | <input type="checkbox"/> International programs |
| <input type="checkbox"/> New arrivals                                             | <input type="checkbox"/> Employment assistance              | <input type="checkbox"/> Special events         |
| <input type="checkbox"/> Sports and leisure activities                            | <input type="checkbox"/> Administrative support             | <input type="checkbox"/> Aquatic                |
|                                                                                   | <input type="checkbox"/> Youth zone                         | <input type="checkbox"/> Other: _____           |

**Availability**

Are you available on a regular basis	<input type="checkbox"/> Yes <input type="checkbox"/> No	For events	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Days you would prefer:						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Time of day you would prefer:		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening		
<input type="checkbox"/> 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, but have little experience with)**

_____
_____
_____

**If you have any previous volunteer experience, please describe it and include the name of the organization(s) you volunteered with.**

_____
_____
_____
_____

**As a volunteer at The YMCAs of Québec:**

- I believe that I am ready to fulfil the mission, vision, and values of The YMCAs of Québec.
- I understand that before I can volunteer at The YMCAs of Québec
  - I must complete a reference verification form as well as a police background check form.
  - I will be trained in regards to the various rules and regulations that govern The YMCAs of Québec.

I attest that all of the above information is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature of parent or legal guardian & Date  
*(Required if the volunteer is under the age of 18)*