



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Ethnicity: _____

What program are you interested in volunteering for? After School Care Camp Programs Office

Will you have a child participating in this program? Yes No

What age group do you prefer? 3&4 5&6 7-9 10&up

What experience do you have coaching or working with children?

CHECK YOUR SHIRT SIZE:	
___ Small	___ Large
___ Medium	___ XL

Certifications and Training:

Do you hold current certifications in any of the following?

CPR (expires _____)

First Aid (expires _____)

Other (please list _____)

To the best of my knowledge, the above information is true. Any false statements may be grounds for dismissal from coaching/volunteering. I understand that the Foothills Area YMCA may perform a background investigation with Averty, and may require that I attend Child Abuse Prevention Training prior to volunteering.

I understand that the YMCA has a NO PET policy, and I will comply with this by not bringing any pets to programs.

SS#: _____ (this is needed to do the background check)

Signed: _____ Date: _____

FOOTHILLS YMCA
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