

How long have you known this person?

2. Name of reference: _____

Email: _____

Tel: _____ Relationship to you: _____

How long have you known this person? _____

3. Name of reference: _____

Email: _____

Tel: _____ Relationship to you: _____

How long have you known this person? _____

Volunteer Agreement:

I, _____ understand the YMCA will be collecting, using and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to the YMCA doing so and also consent to the collection and use of my personal information in order to ensure the safety of YMCA participants, for statistical purposes, to inform me about YMCA programs and services and philanthropic activities. I understand that prior to commencing and during any volunteer work within the YMCA of Greater Moncton:

- The YMCA of Greater Moncton will contact references provided in this application form.
- I am required to provide a Vulnerable Sector Check & Criminal Record Check, 18yrs and older, and or any required certifications for the role.
- I will receive a detailed Letter of Offer and Position Description.
- I am required to participate in YMCA specific Orientation and Training requirements for my placement.
- I am required to keep any mandatory certifications for my role up to date.

Volunteer Applicant Signature: _____ Date: _____

Parent/Guardian Consent:

The YMCA of Greater Moncton recognizes the value of youth performing volunteer work in our community. It is the policy of the YMCA that youth under the age of 19 has signed consent by a parent or guardian prior to beginning their volunteer duties.

I, the undersigned, give parental or guardianship consent to the above named applicant to provide permission to the YMCA to communicate with the applicant directly and for them to perform volunteer work if successful in this role.

Youth Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please print name P/G: _____ P/G Email: _____

For Office Use Only

1. Application Received: _____ (Date) Interview/References completed _____ (Date)

2. Required forms to be attached for all volunteers:
- 1) 3 professional references (and Resume if supplied)
 - 2) Certifications (if applicable for volunteer position)
 - 3) Interview

3. Title of Volunteer Position: _____

4. Start Date: _____ End Date (if applicable): _____

5. Supervisor/Director: _____ Date: _____

6. Sr. Director/VP Signature: _____ Date: _____

My Signature signifies I have reviewed and approve all applicable forms that are required.