



**YMCA of Greater Moncton**  
30 War Veterans Ave.  
Moncton, NB, E1C 0B3  
Tel: (506) 857-0606 Fax: (506) 859-8198  
Email: volunteer@ymcamoncton.ca

## Volunteer Application

Thank you for your interest in volunteering with the YMCA of Greater Moncton. Please complete the application in full.

### Personal Information:

Title:  Ms.  Miss  Mrs.  Mr.

Name \_\_\_\_\_  
First Last

Full Address \_\_\_\_\_  
Street & Number City/Town Postal Code

Tel.: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please circle your age group (optional): Youth (13-18yrs) Adult (19-+) Please list any languages you speak: \_\_\_\_\_

Are you a member of the YMCA?  Yes  No

### Volunteer Information:

Location:  Downtown YMCA (30 War Veterans)  Moncton North YMCA (70 Twin Oaks)

### Which area(s) do you have interest and/or qualifications in?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Wellness Center Monitor*                | <input type="checkbox"/> Childminding Play Partner     | <input type="checkbox"/> Adult Sports & Recreation Leader |
| <input type="checkbox"/> Child & Youth Program Assistant*        | <input type="checkbox"/> Aqua-fit Instructor*          | <input type="checkbox"/> Group Fitness Instructor*        |
| <input type="checkbox"/> Learn to Swim Assistant*                | <input type="checkbox"/> Youth Transitions Peer Mentor | <input type="checkbox"/> Adult Program Volunteer          |
| <input type="checkbox"/> Childcare (Pre/School Age) Play Partner |  |   |

*\* May require YMCA certifications or other*

### Qualifications and Experience:

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### Previous or current volunteer experience:

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### Current Employment

Function/Responsibility: \_\_\_\_\_

Name of Employer/Job: \_\_\_\_\_

Period of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Does your employer have an Employee Giving Program for employees who volunteer with or donate to a charitable or non-profit organization?*  YES  NO

**References:**

Please list three professional references (i.e. supervisory role) which can be employment or volunteer based – examples include coaches or teachers. No current YMCA employee or relative can be listed as a reference.

1. Name of reference: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name of reference: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name of reference: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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.
- I am required to show proof of COVID-19 Vaccination

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.*

