

References:

Please list two 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: _____

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 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 understand that YMCA Programming can be conducted in an online/virtual environment as well as the use of electronic communications to my child or youth, I agree to have YMCA staff and volunteers communicate to my child in digital forms for work purposes only. *If the parent/guardian does not consent for staff to communicate with their child/youth, then all communication is directed to the designated parent/Guardian to the email provided below*

I consent to have YMCA staff and volunteers communicate to my child in digital forms for work purposes only.

Parent/Guardian Signature: _____ Date: _____

I do not consent to have YMCA staff and volunteers communicate to my child in digital forms. Please send all communication to the email address indicated below

Email Address: _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

1. Application Received: _____ (Date) Interview/References completed _____ (Date)
2. Required forms to be attached for all volunteers:
 - 1) 2 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.

