



## **Shawnee Family YMCA** Volunteer Application Please complete and return to the YMCA

INFORMATION	1110,1				
Full Name		Birth Date			
Race/Ethnicity? (For reporting)					
Hawaiian/Pacific Island					
I would prefer my YMCA mailings b	e sent to my	Work		Home	
Employer		Оссир	ation/Title_		
Work Address	City		State	Zip Code	e
Work Phone	E-Mail	Address			
Cell Phone					
Home Address	City		_State	Zip Cod	le
Home/Cell Phone	Home	E-Mail Address	s		
Spouse's Name	Spouse's Birt	th Date Anniversary Date			
Do you have any dietary needs?	What	is your T-Shir	t Size?		
Hobbies:					
Signature:					
YMCA INTEREST QUESTIONNAL Please mark the areas that give yo choice), 3 (third choice) and so on in	ou the most interest ir	n serving for th	e YMCA.	1 (first choice	), 2 (second
Sports		_ Child Care			
Member services		_ Board of Directors			
Maintenance		Community outreach and events			
If there a specific program you are w	anting to volunteer for	please list it be	elow.		
STATEMENT					
Please tell us briefly about your knowle	edge of the YMCA and w	hy you would lik	ce to volunte	er	
YMCA MISSION: To put Christia mind and body for all.	n principles into prac	tice through pr	ograms tha	t build health	y spirit,