

- Kelowna Family Y
- H<sub>2</sub>O Adventure + Fitness Centre
- Career Contact Centre for Youth (Downtown)

## Volunteer Application

**Personal Information:**

Name:	Date:
Address:	Postal Code:
Home Phone No.:	Work Phone No.:
Cell No.:	E-mail:
Date of Birth:	

**Volunteer Areas (please indicate in order of preference areas you would like to volunteer in):**

<input type="checkbox"/> <b>Kelowna Family YMCA-YWCA</b> (Please number in order of preference from 1-7) #___ Aquatics ( <i>min 14+ yrs</i> ) #___ Member Services ( <i>min 16 yrs</i> ) #___ Administration ( <i>min 19 yrs</i> ) #___ Group Fitness ( <i>certification <u>may</u> be required</i> ) #___ Weight Room ( <i>certification <u>may</u> be required</i> ) #___ Maintenance #___ Children & Youth Programs	<input type="checkbox"/> <b>H<sub>2</sub>O Adventure + Fitness Centre</b> (Please number in order of preference from 1-6) #___ Aquatics ( <i>min 14+ yrs</i> ) #___ Member Services ( <i>min 16 yrs</i> ) #___ Group Fitness ( <i>certification <u>may</u> be required</i> ) #___ Weight Room ( <i>certification <u>may</u> be required</i> ) #___ Maintenance #___ Children & Youth Programs
<input type="checkbox"/> <b>Board of Directors</b> Full Résumé, references required	<input type="checkbox"/> <b>Out of School Care</b> @ Various Elementary Schools
	<input type="checkbox"/> <b>Employment Programs</b> @ Career Contact Centre

**Availability: What days and hours are you available?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Why would you like to volunteer at the YMCA-YWCA?

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Please list the skills or abilities that you feel you could bring to a volunteer position:

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**Previous Experience (Volunteer or Work; attach resume if applicable):**

Name of Organization	Dates	Address	Position

**References (please supply name and telephone number):**

Name	Relationship	Phone #1	Phone #2

**Please Read Carefully Before Signing:**

I understand and agree that volunteering and continued volunteer service with the YMCA-YWCA of the Central Okanagan are conditioned upon:

1. Observance of the rules, regulations, and instructions governing volunteerism by the Centre as in effect at the time of volunteering, or established at any subsequent time;
2. Fulfilling a criminal record check;
3. The verification of statements made by me in this application.
4. References will be checked

By signing this application form, I give consent for the Y to collect, use and disclose this personal information for the purposes of applying for a volunteer position or student placement with the YMCA-YWCA.

I voluntarily authorize whatever legal references the YMCA-YWCA wishes to make and release from all liability or responsibility all persons applying for such information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Forward Volunteer Applications To:**

**Kelowna Family Y**, Attn: Colleen Corless, 375 Hartman Road Kelowna V1X 2M9 - Fax: 250.765.7962 or e-mail: info@ymca-ywca.com  
OR

**H2O Adventure Centre** Attn: Lori Drysdale, 4075 Gordon Drive, Kelowna BC, V1W 5J2 Fax: 250.764.4085 or e-mail: h2oinfo@ymca-ywca.com  
OR

**Career Contact Centre for Youth**: Attn: Ashley Russo, 575 Lawrence Ave., V1Y 6L8 - Fax: 250.762.9844 e-mail: info@ymca-ywca.com

**Office Use Only:**

Date received: \_\_\_\_\_

By (staff or volunteer): \_\_\_\_\_

Please put in Volunteer Admission Department Box

Updated Feb 2010