



Volunteer Application

Name Please PRINT		Date	Phone
Address (Street, City, St, Zip)		T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL	
Date of Birth/Age	Gender	Email	
Race (for statistical purposes only): <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> 2 or more races <input type="checkbox"/> Other: _____			
Days/Hours Available:			

Interests (Please Check)

<p>Child Care</p> <input type="checkbox"/> Afterschool Care <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> Babysitting <p>Swimming</p> <input type="checkbox"/> Swim Instructors <p>General</p> <input type="checkbox"/> Administrative/Board <input type="checkbox"/> Landscaping/Garden	<p>Sports & Play</p> <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Officiating <input type="checkbox"/> Coaching: <input type="checkbox"/> Soccer <input type="checkbox"/> PeeWee Baseball <input type="checkbox"/> Flag Football <input type="checkbox"/> Basketball <p>Other (Please comment):</p>	<p>Wellness</p> <input type="checkbox"/> Wellness Center Attendant <input type="checkbox"/> Fitness Instructor <p>Special Events</p> <input type="checkbox"/> Fundraisers <input type="checkbox"/> Races <input type="checkbox"/> Kids Triathlon <input type="checkbox"/> Pumpkin Splash
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In consideration of my participation as a volunteer for the YMCA of Vincennes, I do hereby agree to hold free from any and all liability the YMCA of Vincennes, Board Members, representative officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA of Vincennes.

I hereby acknowledge that I have read and understood the above statement.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (under 18) _____ Date _____

YMCA OF VINCENNES

2010 College Avenue, Vincennes IN 47591 P 812 895 9622 F 812 882 3947 W vincennesymca.org