



VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Within the past seven years have you been convicted of a felony? Yes No

If yes, explain: _____

Within the past five years have you been convicted of a misdemeanor? Yes No

If yes, explain: _____

If you are volunteering as part of an academic requirement, please complete:

School Name: _____

Program Name: _____

School Contact Name: _____

Phone: _____ E-mail: _____

Do you have any areas you'd like to specifically volunteer at YMCA Storer Camps?

List any special talents or interests that you might feel would benefit YMCA Storer Camps.

Volunteer References (Please list three)

Name: _____

Phone: _____ E-mail: _____

Name: _____

Phone: _____ E-mail: _____

Name: _____

Phone: _____ E-mail: _____

Thank you for taking time with your application! Please send to:

YMCA Storer Camps
ATTN: Derek Bycraft
6941 Stony Lake Rd.
Jackson, MI 49201

