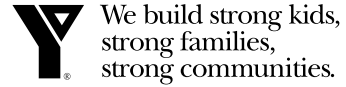


**Gardena-Carson Family YMCA**

Volunteer Interest Form



**I would like to volunteer for the YMCA.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Membership Number \_\_\_\_\_ Or check one  Don't know  Not a member

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How would you like us to contact you?

Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  E-mail \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

**AREAS OF INTEREST**

Administration  Aquatics  Camp  Child Care

Health and Fitness  Sports  Other \_\_\_\_\_

**STUDENT VOLUNTEERS**

Are you looking to fulfill a school requirement or will you receive school credit for your services?

Yes  No If YES, name of school \_\_\_\_\_

Number of hours needed \_\_\_\_\_ Deadline to complete hours \_\_\_\_\_

**BACKGROUND**

Relevant background, training or volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

**Please bring this form to the Welcome Center at the YMCA.**

Thank you for your interest in volunteering for the Gardena-Carson Family YMCA. Your talent and commitment to the YMCA's mission make great things happen.