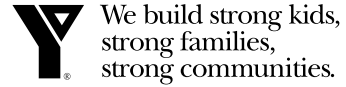


**Montebello-Commerce YMCA**

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 Montebello-Commerce YMCA. Your talent and commitment to the YMCA's mission make great things happen.