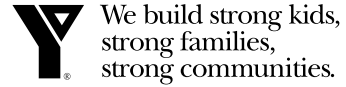


Palisades-Malibu YMCA

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