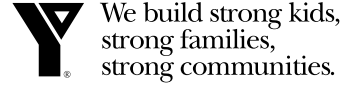


Santa Clarita Valley Family YMCA

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 Santa Clarita Valley Family YMCA. Your talent and commitment to the YMCA's mission make great things happen.