



# Hoboken-North Hudson YMCA

1301 Washington Street  
Hoboken, NJ 07030  
201-963-4100

*We build strong kids, strong families, strong communities*

## Volunteer Application

|  |            |                 |              |      |
|--|------------|-----------------|--------------|------|
| Mr./Mrs./Ms.                                 | First Name | Middle Initial  | Last Name    | Date |
| Home Address: _____                          |            | Zip Code        | Home Phone   |      |
|  |            | _____           | ( ) _____    |      |
|  |            | Cell: ( ) _____ |              |      |
| Employer: _____                              |            |                 |              |      |
| Position or title: _____                     |            |                 |              |      |
| Work Address: _____                          |            | Zip Code        | Work Phone   |      |
|  |            | _____           | ( ) _____    |      |
| Preferred Mailing address: ( ) Home ( ) Work |            |                 | Fax: _____   |      |
| Emergency Contact: _____                     |            |                 | Phone: _____ |      |

Areas of Interest: (Please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physical Department | <input type="checkbox"/> Day Camp            | <input type="checkbox"/> Membership     |
| <input type="checkbox"/> Youth Department    | <input type="checkbox"/> International       | <input type="checkbox"/> Maintenance    |
| <input type="checkbox"/> Teen Center         | <input type="checkbox"/> Early Childhood     | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Residence           | <input type="checkbox"/> Adult / Youth Sport | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> After School        | <input type="checkbox"/> Board/ Committee    | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Aquatic Dept.       | <input type="checkbox"/> Communication       | <input type="checkbox"/> Other          |

Dates/ Time of Availability:

|        |         |           |          |        |          |
|--------|---------|-----------|----------|--------|----------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| _____  | _____   | _____     | _____    | _____  | _____    |
| _____  | _____   | _____     | _____    | _____  | _____    |

Date available to volunteer: \_\_\_\_\_



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What do you feel the YMCA can offer you?

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Please describe any skills that you may have:

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Volunteer experience:

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Please list 3 references:

- |    |  |   |
|----|--|---|
| 1. | Name: _____<br>Address: _____<br>_____ | Phone Number: _____<br>No. of years known: _____<br>Relationship: _____ |
| 2. | Name: _____<br>Address: _____<br>_____ | Phone Number: _____<br>No. of years known: _____<br>Relationship: _____ |
| 3. | Name: _____<br>Address: _____<br>_____ | Phone number: _____<br>No. of years known: _____<br>Relationship: _____ |

I agree that the information is true and correct. I agree to participate as a volunteer at the YMCA, I will agree to a criminal background check and to attend required staff training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_