



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF GREATER ERIE VOLUNTEER APPLICATION

Contact [volunteer@ymcaerie.org](mailto:volunteer@ymcaerie.org) with any questions. \* Required

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

Email \* \_\_\_\_\_ Phone \* \_\_\_\_\_

Address \* \_\_\_\_\_

City \* \_\_\_\_\_ State \* \_\_\_\_\_ Zip \* \_\_\_\_\_ Length of Residence in PA\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Social Security\* # \_\_\_\_\_ (required for clearances)

Volunteer Project \_\_\_\_\_ Date of Volunteer Project \_\_\_\_\_

Gender \* The Y collects demographic information for grant reporting purposes only.

Male  Female  Prefer Not To Answer

Age \* The Y collects demographic information for grant reporting purposes only.

under 18 \*  25-30  41-50  65+  
 18-24  31-40  51-64

Race/Ethnicity \* The Y collects demographic information for grant reporting purposes only.

American Indian  White/Caucasian  
 Asian / Pacific Islander  Multi Racial  
 Black / African American  Other: \_\_\_\_\_  
 Chican/Latino  Unknown: \_\_\_\_\_

Are you a YMCA of Greater Erie member?

yes  no

Community Service Requirement?

yes  no

If yes, how many hours are needed?

\_\_\_\_\_

Emergency Contact\*:

Name

Phone

If under the age of 18, Parent/Guardian signature for consent to treat in case of emergency:

RELEASE AND WAIVER OF LIABILITY: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person that might arise directly or indirectly as a result of, and or participation as a volunteer for the YMCA of Greater Erie. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA of Greater Erie, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA of Greater Erie. I give my consent that any photographs, videos, interviews, ect. of myself or my family may be used in promotional material such as brochures or newspaper releases. I understand that I will not be given notice or reimbursed for such photographs.

Signature of Volunteer

Signature of Parent/Guardian if under 18 years old\*

Date

Print Volunteer Name

Date