



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VOLUNTEENS PROGRAM APPLICATION

Student Name: _____ Email Address (Required): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student Cell (Required) _____

Date of Birth: ____/____/____

Name of High School: _____ Grade: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Address (if different from above): _____

City: _____ Zip: _____ Phone: _____

Parent/Guardian's Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone (if different from above): _____

Are you a member of the Summit Area YMCA? Yes ____ No ____

Skills and Interests _____

Previous volunteer experience (if any): _____

Why do you want to volunteer? _____

How did you learn about our Volunteens program? _____

VOLUNTEENS ACCEPTANCE STATEMENT

I AGREE TO ATTEND THE SUMMER VOLUNTEENS PROGRAM (4 WEEKS). PLEASE NOTE THAT THIS IS A DAY PROGRAM AND THAT TRANSPORTATION TO AND FROM EACH DAILY SESSION IS YOUR RESPONSIBILITY.

PRINT STUDENT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____

VOLUNTEENS PERMISSION STATEMENT

I HEREBY GRANT PERMISSION FOR MY CHILD TO APPLY TO THIS PROGRAM AND FOR SELECTED REFERENCES TO REPORT MY CHILD'S ACHIEVEMENTS AND PERSONAL CHARACTERISTICS. I UNDERSTAND THAT IF MY CHILD IS ACCEPTED, WE WILL BE RESPONSIBLE FOR HIS/HER DAILY TRANSPORTATION TO AND FROM THE WORKSITE FOR THE DURATION OF THE PROGRAM.

I RECOGNIZE THAT PARTICIPATING IN THE VOLUNTEENS PROGRAM IS A PRIVILEGE AND IN CONSIDERATION THEREOF AM WAIVING ANY CLAIM OR RIGHT FOR PERSONAL INJURY OR PROPERTY DAMAGE ARISING OUT OF OR IN CONNECTION WITH THE PROGRAM. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE SUMMIT AREA YMCA, ITS AGENTS, VOLUNTEERS AND EMPLOYEES FOR ANY AND ALL CLAIMS ARISING OUT OF OR IN CONNECTION WITH THE VOLUNTEENS PROGRAM.

PRINT PARENT/GUARDIAN NAME: _____

PARENT SIGNATURE: _____ DATE: _____

Please return completed application to:

Summit Area YMCA
Attn: Volunteens Program
67 Maple Street
Summit, NJ 07901

Questions? Please contact:

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